MANITOBA
HEALTH
SERVICES
COMMISSION

ANNUAL REPORT

FOR THE PERIOD
APRIL 1, 1982 TO
MARCH 31, 1983

MINISTER OF HEALTH

1982/83 ANNUAL REPORT

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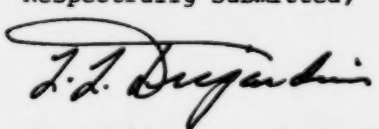
Winnipeg, June 29, 1983

Her Honour Pearl McGonigal
Lieutenant-Governor of the Province
of Manitoba

May It Please Your Honour:

I have the honour to submit the Annual Report of the Manitoba Health Services Commission for the 12-month period from April 1, 1982 to March 31, 1983.

Respectfully submitted,



Honourable L. L. Desjardins
Minister of Health

Winnipeg, June 28, 1983

Honourable L. L. Desjardins
Minister of Health
Province of Manitoba

Sir:

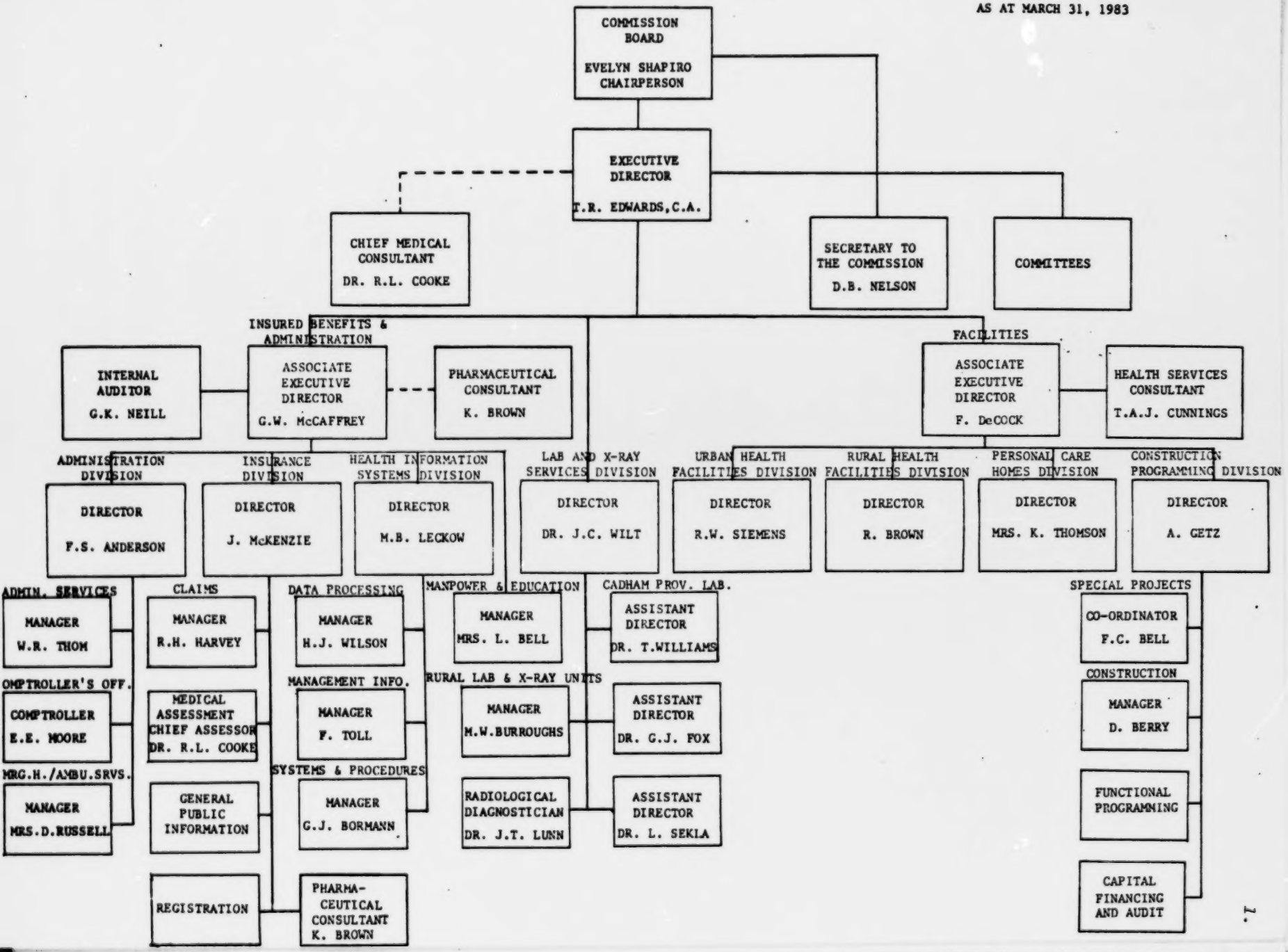
In accordance with Section 24 of The Health Services Insurance Act, I have the honour to present the Annual Report of the Manitoba Health Services Commission for the 12-month period April 1, 1982 to March 31, 1983.

Respectfully submitted,

Evelyn Shapiro
Chairperson
Manitoba Health Services Commission

MANITOBA HEALTH SERVICES COMMISSION

ORGANIZATIONAL CHART
AS AT MARCH 31, 1983



INTRODUCTION

The Manitoba Health Services Commission administers the Manitoba Health Insurance Plan according to provisions of The Health Services Insurance Act and other relevant legislation. The Plan finances an integrated system of hospital care, medical treatment, personal care, pharmacare, and other health services for Manitoba residents.

The Commission supports two medical transportation programs:

The Ambulance Grant Program provides financial assistance to municipalities to develop and operate ambulance services.

The Northern Patient Transportation Program provides financial assistance to Manitobans living north of the 53rd parallel who require transportation to health centres in Manitoba.

This annual report reviews the Commission's programs; explains its organization; and provides relevant statistics, financial statements and the auditor's report for the period April 1, 1982 to March 31, 1983.

HIGHLIGHTS

During 1982/83 the Commission:

. *Negotiated the transfer of the Deer Lodge Hospital from the Department of Veterans Affairs, Government of Canada. The transfer agreement was signed on November 29, 1982. Deer Lodge Hospital came under provincial jurisdiction April 1, 1983.*

. *Maintained a health facility construction and renovation program totalling $93,951,914 which includes $18,393,500 for hospital projects; $7,470,790 for personal care home projects; and $5,499,946 for renovations; all completed in 1982/83 and $58,672,678 for hospital projects and $3,915,000 for personal care home projects initiated and under construction in 1982/83.*

. *Instituted a program of partial payment for eyeglasses for persons 65 years of age or over.*

. *Established jointly with the Department of Health a Research and Planning Directorate to serve both the needs of the Manitoba Health Services Commission and the Department.*

. *Completed the second phase of a reciprocal billing program. The program allows provincial plans to exchange cumulative monthly billings and reimbursements applicable to their residents.*

This avoids frequent exchanges between hospitals and other provinces. The program was developed by the Advisory Committee on Institutional and Medical Services, made up of representatives of all provincial health plans. The first phase,completed in 1981/82 applied to hospital in-patients. The second phase, completed in 1982/83, applies to hospital out-patients.

. *Implemented the second phase of a public information program with television commercials urging Manitobans to update their Health Plan registration certificates.*

MANITOBA HEALTH SERVICES COMMISSION

Members to December 22, 1982

Gordon Pollock, Q.C., Chairman
George Johnson, M.D., Vice-Chairman
Lucien Boisselle
Loreen Dunklee
Alvin J. Elliott, M.D.
William B. Ewart, M.D.
Orville M. Heschuk, D.M.D.
Robert C. Hitesman
Mardene Premachuk

D.B. Nelson, Secretary

Members from December 22, 1982

Evelyn Shapiro, Chairperson
T.R. Edwards, C.A., Vice-Chairman
Sister Bertha Baumann
Dianne Howell
Allan Rosky
Rene Toupin
Sue Wood, M.D.

D.B. Nelson, Secretary

The Commission Board is responsible for performing the duties and functions assigned to it by the Lieutenant Governor in Council and the Minister of Health in accordance with The Health Services Insurance Act and other relevant legislation. Legislation specifically requires the Commission to:

- *provide insurance to Manitoba residents for hospital, personal care, medical and other specified health services;*
- *ensure that adequate standards are maintained in hospitals, personal care homes and related health facilities; and*
- *with the approval of the Minister, plan, organize and develop throughout the province a balanced and integrated system of hospitals and related health facilities and services.*

On December 22, 1982 a new Board of Commissioners was appointed. The Honourable L. L. Desjardins, Minister of Health, expressed his appreciation to the former members of the Commission for their dedicated service to all Manitobans.

The new Commission board has been meeting once every two months for a full day. Members of the board spent some time acquainting themselves with a number of outstanding issues but also became involved immediately in health facility budget appeals, construction approvals and various regulations relating to insured services.

A long term planning capacity to serve the needs of both the Commission and the Department of Health was realized during the year ended March 31, 1983. The creation of the Research and Planning Directorate recognizes the need for future planning to take account of the interrelationship of community-based and facility-based health services.

Of special significance during the year was the acquisition by the Province of Manitoba of the Deer Lodge Hospital from the Government of Canada. Transfer ceremonies took place on March 31, 1983 culminating years of "on again/off again" negotiations that began in the 1960s. The Deer Lodge Centre, as it is now called, will operate as a budget facility under the aegis of the Commission, as do most other hospitals and personal care homes in the Province.

MEDICAL REVIEW COMMITTEE

Members:

P. G. W. A. Lommerse, M.D., Chairman
D. McQueen, M.D.
W. G. Warrian, M.D.
A. A. Earn, M.D.
S. Kay, M.D.
A. G. Rogers, M.D.
D. MacDonald (To September 27, 1982)
M. Wahn, Ph.D. (From September 27, 1982)

N. Yourechuk, Secretary

The Medical Review Committee, established under The Health Services Insurance Act, reviews patterns of physician practice. It is composed of representatives of the Manitoba Health Services Commission, the Manitoba Medical Association and the College of Physicians and Surgeons of Manitoba.

From April 1, 1982 to March 31, 1983 the committee met 14 times to review 243 physicians' patterns of practice. The Committee found explanations for 190 of these patterns. The remainder were subject to one or more of the following actions:

The committee advised 48 physicians by letter that their patterns of practice varied from those of their peers and were under review. Five physicians were advised that some aspects of their practice needed their attention.

The committee corresponded with 10 physicians in an attempt to obtain explanations for their departures from the norm. Four of these explanations were accepted.

One formal inquiry commenced in 1982 and continues into 1983.

Three physicians' practices are undergoing in-depth review.

Forty physicians' practices are at various stages of review as of March 31, 1983.

In addition to the above the committee:

. Dealt with one referral from the College of Physicians and Surgeons of Manitoba.

. Resolved four disputes between medical practitioners and the Manitoba Health Services Commission about assessment of claims.

. Authorized the mailing of audit confirmation statements to all patients receiving physician services at a particular facility.

The Medical Review Committee met in March, 1983 with representatives of the Manitoba Health Services Commission, the Manitoba Medical Association and the College of Physicians and Surgeons of Manitoba to discuss the concept of medical review and the composition, functions and duties of the committee. As a result of this meeting the committee is considering a means of publicising the committee's peer review role among practising physicians in Manitoba.

DENTAL REVIEW COMMITTEE

Members:

C. Foster, B.D.S., M.S.C., Chairman
D. Chimilar, D.M.D.
L. Cogan, D.D.S.
D. McInnes, D.D.S. (To January 11, 1983)
S. Muchnik, D.D.S.
M. Nevile, D.M.D.
J. Wener, D.M.D. (From February 22, 1983)

The Dental Review Committee monitors claims for dental surgery and related hospital services, analyzing claim forms for dentists and hospitals with dental certificates and, in some cases, x-rays.

From April 1, 1982 to March 31, 1983 the committee met 11 times and reviewed 4,688 hospital and medical claims to determine whether these qualified as insured services. Based on this review 13 claims were rejected and the fees billed for six claims were adjusted.

PHARMACARE COMMITTEE

Members:

K. Brown, B.Sc.Pharm., Chairman
M. Morry, B.Sc.Pharm.
A. Bell, B.Sc.Pharm.
A. Pringle, B.Sc.Pharm.
R. Sanders, B.Sc.Pharm.
J. Boyko, B.Sc.Pharm.
A. Orlikow, B.Sc.Pharm.

The Pharmacare Committee is composed of pharmacists from government and private practice. Its dual purpose is to provide professional guidance in determining which drugs should be included as benefits under the Pharmacare Program and to maintain continuing contact with practicing pharmacists.

From April 1, 1982 to March 31, 1983 the committee met once to review administrative procedures related to the Pharmacare Program and to recommend revisions to the schedule of eligible drugs.

MEDICAL APPOINTMENTS REVIEW COMMITTEE

Members:

J. Zuken, Q.C., Chairman
I. Trueman, Vice-Chairman
E. Backman (From June 30, 1982)
F. P. Doyle, M.D. (From June 30, 1982)
R. G. Handford, M.D.
J. F. S. Hughes, M.D.
G. Campbell MacLean, Q.C. (To June 30, 1982)
D. N. C. McIntyre, M.D.
M. J. D. Newman, M.D.
G. Patrick
I. C. Peever, M.D.
W. H. Pendree
J. G. Smith (To June 30, 1982)

D. B. Nelson, Secretary

The Medical Appointments Review Committee was established in 1973 to hear appeals filed by physicians whose applications for medical staff privileges have been refused or whose privileges have been reduced or terminated. It also hears appeals concerning applications which have not been attended to within a reasonable time. No appeals are heard unless applicants have exhausted all rights of appeal at the hospital concerned.

The Committee did not receive any formal appeals during the year ended March 31, 1983, nor did it hear of any physician encountering problems in obtaining medical staff privileges.

ACCESS AND CONFIDENTIALITY COMMITTEE

Members:

K. Brown, M.D., Chairman, The College of Physicians and Surgeons of Manitoba
W. J. Blight, M.D., St. Boniface General Hospital
G. Fletcher, Manitoba Health Organizations, Inc.
B. J. Kaufman, M.D., Health Sciences Centre
S. Morris, Manitoba Medical Association
S. Storry, Manitoba Health Records Association
F. Toll, Secretary, Manitoba Health Services Commission

This committee advises the Commission on confidentiality and appropriate access to health data in the Commission's computerized information system.

From April 1, 1982 to March 31, 1983 the committee met seven times.

Eleven requests for access to Commission data were considered.

Ten were recommended for Commission approval; one was not.

STANDING COMMITTEE ON MEDICAL MANPOWER

The Standing Committee on Medical Manpower is appointed by the Minister of Health and the Minister of Education and reports to both Ministers. It monitors Manitoba's need for physicians, addresses problems of supply and maldistribution of physicians and recommends corrective action. It is financed by the Manitoba Health Services Commission.

As of December 31, 1982, voting and consulting members of the committee were:

G. Johnson, M.D., Chairman,	Manitoba Health Services Commission
R. J. Boyd, M.D.	Manitoba Medical Association
C. Gow, M.D.	Manitoba Medical Association
G. Gelowitz	Manitoba Health Organizations, Inc.
J. MacMartin	Universities Grants Commission
R. Redekop, M.D.	College of Physicians and Surgeons of Manitoba
H. J. Gilmour	Urban Municipalities Association
R. Sigurdson	Union of Manitoba Municipalities
S. A. Cohen, M.D.	Residents and Interns Association
J. A. Hildes, M.D.	University of Manitoba
T. Williams, M.D.	Cadham Provincial Laboratory
R. Brown	Manitoba Health Services Commission
D. Pascoe	ex officio, Department of Health
D. Krack, Secretary	Manitoba Health Services Commission

The following offered special assistance:

J. Wilt, M.D.	Assistant Deputy Minister, Community Health Programs Department of Health
T. A. J. Cunnings, Ph.D.	Manitoba Health Services Commission

The committee regularly reviewed trends in physician population. On March 31, 1983, there were 1,726 physicians and surgeons registered with the Manitoba Health Services Commission.

The ratio of physicians to population in Manitoba compares favourably with that in other provinces and with the national average.

Vacancies continue to exist in some localities and in some specialty areas. The latter condition is nationwide. To redress these shortages the committee oversees a government incentive program.

This program supports medical students in summer job experience in rural areas; offers loans to senior students who agree to practice in an underserviced area; offers rural residencies at the University of Manitoba to physicians who wish post-graduate training in specialties needed in rural areas; and makes incentive grants to physicians wishing to establish practice in a medically underserviced area. Details of this program are to be found in a special report on page 41.

The committee also monitors physician immigration as approved by federal and provincial immigration authorities.

ELIGIBILITY FOR INSURED HEALTH SERVICES AND BENEFITS

All Manitoba residents are entitled to insured health benefits provided by the Manitoba Health Services Commission. This applies when they are in Manitoba or when visiting elsewhere. When health services are required as the result of injuries through the negligence of a third party, all or part of the costs are recoverable from insurance companies.

Newcomers from other provinces or territories establishing permanent residence in Manitoba must wait three months for all benefits, except residence in a personal care home (see last two paragraphs). During this three-month period, new residents may retain health insurance coverage with the plan of their former province or territory. Manitobans leaving the province permanently are provided with coverage for a similar period under the Manitoba Plan.

If a person taking up permanent residence in Manitoba has previously resided in another country, benefits are available on the date of arrival in Manitoba.

New residents are required to register themselves and their dependents with their employer, with the municipality where they live, or with the Commission.

Former residents of Manitoba, who previously resided in this province for 30 years or more, are eligible to be considered for personal care home benefits on the date of their return to Manitoba as permanent residents provided they qualify for placement in a personal care home as determined by an assessment panel.

Newcomers to Manitoba and former residents with less than 30 years' residency are eligible for personal care benefits after living in Manitoba for 24 consecutive months, again provided they can comply with the requirements of an assessment panel.

HOSPITAL PROGRAM

The costs of hospital services and hospital construction constitute the largest expenditures for health care administered by the Commission.

Hospital Insured Services

Health services provided to persons in hospital as insured services are:

- standard ward accommodation and meals (for preferred accommodation a hospital may bill a patient directly)
- necessary nursing services
- laboratory, radiological and other diagnostic procedures
- drugs, biologicals and related preparations
- use of operating room, case room and anaesthetic facilities
- routine surgical supplies
- radiotherapy, physical, occupational and speech therapy

Most out-patient services are insured. In some cases the hospital may charge for take home supplies of drugs and dressings.

In 1982/83 a total of $488.0 million was paid for insured hospital services. This comprised 1,860,967 insured days for separated patients; 1,779,754 for adults and children, and 81,213 for newborns.

In 1982/83 the Commission funded further upgrading of ultrasound equipment at the two teaching hospitals: the Health Sciences Centre and the St. Boniface General Hospital.

Ultrasound programs were introduced at Grace General Hospital, Dauphin General Hospital and The Pas Health Complex, Inc., with the Commission providing $150,000 for each institution. This amount underwrites the cost of the equipment plus the associated operating costs for technicians.

The Provincial Renal Disease Program continued to expand in 1982/83. Coordinated by St. Boniface General Hospital and the Health Sciences Centre, this program offers home and hospital dialysis.

In 1982/83 Ambulatory Electrocardiography monitoring services (Holter Monitoring) were instituted at five localities: Grace General Hospital and Victoria General Hospital in Winnipeg and Brandon General Hospital, Flin Flon General Hospital and Portage General Hospital. Results are interpreted at the Health Sciences Centre and St. Boniface General Hospital.

The cost of this program is $150,000 including a $95,000 capital expenditure and $55,000 in operating costs.

Hospital Construction

In 1982/83 capital costs for completed hospital construction totalled $23,893,446.

This amount is made up of seven major projects and 33 emergency, Fire Commissioner and health facility regeneration projects. The major projects were Mount Carmel Clinic; Emergency and Physiotherapy Departments at Victoria General Hospital; Lennox Bell House, a hostel for patients receiving diagnostic or treatment services at the Health Sciences Centre or the Manitoba Cancer Treatment and Research Foundation; substructure and medical support services, Children's Hospital; Carman Hospital, Dauphin General Hospital and Ste. Anne Hospital.

In 1982/83 construction commenced on 12 projects at a total cost of $58,672,678. The projects are: the Selkirk General Hospital, the Women's Hospital, the Children's Hospital, the Health Sciences Centre fire safety upgrading, the Municipal Hospitals Day Hospital, Hamiota Hospital renovation, Grace Hospital Psychiatric Extended Treatment Unit, Rh. Institute, Arborg Hospital and three projects at St. Boniface General Hospital involving "O" Building, the laundry and the McEwen Building.

MEDICAL PROGRAM AND OTHER HEALTH SERVICES

The medical program provides insured physician services in hospitals, in the physician's office or in the patient's home. Rates of payment for various medical procedures are based on the Commission's schedule of benefits. These are negotiated between the Commission and the Manitoba Medical Association. In 1982/83 the Commission processed 6,740,877 physicians' claims totalling $157.7 million.

Also insured are certain services provided by optometrists, chiropractors and dental surgeons.

Optometric benefits include a complete eye examination with refraction and prescription performed annually or as medically required. The initial fitting and cost of contact lenses following congenital cataract surgery is insured. In 1982/83 the Commission processed 174,126 optometric claims totalling $3.7 million.

Chiropractic services are insured up to a maximum dollar amount for each family for benefits received during a calendar year. In 1982/83 the Commission processed 383,540 chiropractic claims totalling $5.8 million.

Insured dental services include certain surgical procedures when performed in a hospital by registered dentists or oral surgeons. In 1982/83 the Commission processed 7,082 dental claims totalling $1,160,637.

The cleft lip/palate program insured the cost of routine dental maintenance, prosthetics, including crowns and bridges, and services of orthodontists for children under 18. In 1982/83 the Commission processed 500 cleft lip/palate claims totalling $65,264.

Specific prosthetic and orthotic devices and services, including certain limb and spinal braces, are also covered when prescribed by a medical practitioner. In 1982/83 the Commission processed 9,355 claims amounting to $1.46 million.

Breast prostheses and surgical brassieres are insured up to a maximum limit of $80 per prosthesis. The program allows two prostheses to be purchased every four years for a single mastectomy or four for a double mastectomy. A subsidy of $10.00 per surgical brassiere up to a total of two brassieres in each 12-month period is provided. In 1982/83 the Commission processed 1,538 claims for mastectomy prostheses totalling $90,190.

For children under 18 the Hearing Aid Program provides for reimbursement of 80% of the cost of a hearing aid every four years and approved services in excess of a deductible amount of $75.00.

Additional hearing aids may be subsidized during the four-year period if they are medically required and if the purchase is supported by a statement from an otolaryngologist or an audiologist. In 1982/83 the Commission processed 118 audiological claims totalling $37,862.

On April 1, 1981, the Commission initiated a program of insurance for orthopedic shoes for children under 18. The Commission pays 50 percent of the cost of stock shoes up to a maximum of $22.00; 50 percent of the cost of shoes for children with different sized feet to a maximum of $33.00; and 50 percent of the cost of custom-made shoes to a maximum of $110.00. Four dollars and forty cents ($4.40) per pair of shoes is allowed for alterations. Insured purchases are limited to two pairs of shoes in 12 months. In 1982/83 the Commission processed 1,016 orthopedic claims totalling $19,263.

Since 1981/82 the Commission has insured telecommunications devices for the profoundly deaf. This equipment makes it possible to conduct telephone conversations by keyboard and display terminal. Qualified purchasers of such equipment receive 80 percent of the cost in excess of a deductible amount of $75 to a maximum of $340. In 1982/83 the Commission processed 80 claims for such devices totalling $24,960.

On July 1, 1982 the Commission instituted a program partially insuring special medically-required frames and/or lenses for persons over 65. This program pays 80 percent of the cost towards approved maximum amounts for prescribed eyeglasses including dispensing fees, lenses and standard frames over a deductible amount of $50. There is some misunderstanding by the public as to the extent of the benefits of this program; the Minister of Health has instructed the Commission to review this program and to provide him with a report. In 1982/83 the Commission processed 14,499 claims for eyeglasses totalling $514,370.

PERSONAL CARE HOME PROGRAM

In 1982/83 the Manitoba Health Services Commission financed $120.0 million for 2.8 million resident days under the insured Personal Care Home Program.

Personal Care Home Benefits:

- meals, including special and therapeutic diets
- necessary nursing service
- routine medical and surgical supplies
- Prescribed drugs, biologicals and related preparations approved by the Commission
- physiotherapy and occupational therapy in personal care homes approved by the Commission for such services
- routine laundry and linen services
- other goods and services approved by the Commission

Residents of personal care homes pay a daily residential charge which, as at March 31, 1983 amounted to $12.35 a day.

Construction Program

In 1982/83 four new personal care homes were opened at Hamiota, Lundar, MacGregor and Rossburn at a total capital cost of $7,470,790. These projects represent a net gain of 90 personal care home beds for 1982/83.

Major projects initiated or under construction are: Glenboro, from 16 to 20 beds; Grunthal, from 41 to 40 beds; at a total cost of $3,915,000.

Alternatives to Institutionalization

The Personal Care Homes Division of the Commission has been working with individual personal care homes to design and implement programs that promote independent community living and, therefore, prevent the need for or delay placement in a personal care home. Such programs include:

Adult Day Care

Adult Day Care provides the at risk older person with social and recreational activities in the sheltered environment of participating personal care homes. In addition, it provides much needed respite to families caring for an elderly relative. Early research indicates that Adult Day Care may reduce the use of other health care services as well as contributing to the increase in life satisfaction by both the participant and the primary care giver.

In 1982/83 the Commission funded 30 Adult Day Care programs providing 20,987 days of care to an average of 431 individuals at any one time. This was a 35.99 percent increase in the number of days of care and a 22.44 percent increase in individuals served over 1981/82.

The results of the 1980 research project were submitted to the Commission and distributed to all personal care homes and interested parties. The research confirms the value of Adult Day Care, establishing that a substantial proportion of the individuals participating improved in many, but not all of the dimensions of the study. Evaluation of the Adult Day Care Program is continuing with funds from the Commission and the National Health Research Development Program of Health and Welfare Canada.

Respite Care

The Respite Care Program began in 1980 in personal care homes choosing to participate. It offers rest and relief to families providing care to dependent relatives.

In 1982/83, 241 persons were served totalling 390 cases and 5,995 days of care in 27 personal care homes. This was a 47.85 percent increase in the number of cases and a 58.01 percent increase in the number of days over 1981/82.

Inter-departmental Committee on Support Services Housing for Elderly Persons

At the request of the Minister of Health, this Inter-departmental Committee was formed in 1982 with the following mandate:

(a) to develop policies, guidelines and implementation strategies which would serve to support the independent living of elderly citizens resident in age segregated social housing and in the community;

(b) to initiate projects which would reflect the planning and operational requirements of support services living environments.

Staff of the Personal Care Homes Division of the Manitoba Health Services Commission are active members of this committee. By the end of 1982/83 the committee drafted and received approval on a definition and policy statement on support services, defined the role of a tenant resources coordinator and met with a number of housing sponsors to explore the nature and implementation of support services for their community. Several projects are now awaiting approval.

LABORATORY AND X-RAY SERVICES PROGRAM

Primary and reference services for both rural and urban areas of the province are implemented through the Laboratory and X-ray Services Program.

In rural areas, hospitals and their associated communities receive laboratory, radiological and electrocardiographic services through the local and regional diagnostic units. In 1982 three of these regional units initiated ultrasound diagnostic programs. In 1982 Churchill was admitted to the Laboratory and X-ray Units Services (LAXUS) network.

In the microbiology section of the Cadham Provincial Laboratory recent advances include the routine province-wide testing for Chlamydia trachomatis, the causal agent of one of the most widespread newly-identified sexually transmitted diseases.

Recent advances in the virus laboratory include herpes isolation and typing, which is also provided on a province-wide basis.

The virus laboratory runs a provincial influenza surveillance program providing data from which assessment of future needs and present efficacy of influenza vaccine can be made.

During 1982/83 the Metabolic Diseases Screening Programs continued to test all newborns in the province, about 16,500 per year, for thyroid, carbohydrate and amino acid disorders. These screening tests are designed to detect many diseases before they cause irreparable damage to the infant. During the year, the program identified two patients with phenylketonuria (P.K.U.) four patients with congenital hypothyroidism and four patients with other disorders who, without early corrective treatment, could have required life-long institutional care.

A computer program has improved the laboratory's ability to identify health trends and to provide immediate and comprehensive responses to physician enquiries. In 1982/83 the laboratory began work on a computerized reporting and record keeping system for clinical microbiology.

PHARMACARE PROGRAM

The Pharmacare Program protects Manitobans from financial hardship resulting from extraordinary expenses for prescription drugs. In 1982/83, this program covered 80% of the costs of eligible prescription drugs in excess of an initial deductible amount of $50 for persons 65 years of age and over and their families. For persons under 65 the deductible amount was $75.

Advice and guidance on the listing of currently eligible drugs and other matters relating to the Pharmacare Program is provided to the Commission by a committee of representatives of the Manitoba Pharmaceutical Association.

In 1982/83 the Commission processed 129,000 claims totalling $17.2 million.

NORTHERN PATIENT TRANSPORTATION PROGRAM

Since September 1977 the Northern Patient Transportation Program (N.P.T.P.) has subsidized ground and air transportation costs for emergencies and urgent hospital-to-hospital transfers as well as transportation costs for certain elective cases. To be eligible northern patients must require medical transportation from within the following areas:

- *North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg; and*
- *North of the 51st parallel from Lake Winnipeg to the Ontario boundary.*

Under this program subsidies for emergency and urgent hospital-to-hospital transportation are administered by the Commission while transportation subsidies for elective hospital and medical treatment are administered by local regional authorities.

Some specific benefits include:

- *return transportation for patients transferred from any hospital in Northern Manitoba to any other hospital in the province;*

- *return transportation for persons requiring elective hospital and other medical treatment which is not available at their place of residence;*
- *return transportation for a patient's escort who may be a doctor, nurse, parent or other authorized person;*
- *escort's reasonable overnight room and board expenses.*

In 1982/83 there were 11,576 transportation warrants processed under the program. The amount paid by the Commission for the program was $2.2 million, an increase of some 15.7 percent over 1981/82. The actual number of warrants issued remained relatively constant with the previous year.

EMERGENCY HEALTH AND AMBULANCE SERVICES PROGRAM

Ambulance Service Program

The Manitoba ambulance services program is an annual grant assistance program to municipal governments based on per capita payments from the Commission to municipalities requesting assistance in providing ambulance service. The grants may be applied towards the purchase of ambulance vehicles and equipment or to subsidize operating costs. During the past year some 1,312 licensed volunteer drivers or driver/attendants operated 122 ambulances throughout the province, while 185 municipalities and towns plus 17 local government districts received approximately $2.0 million in grants under the program.

Each ambulance service and all drivers and driver/attendants are licensed on an annual basis. The majority of drivers and driver/attendants are community volunteers, except in Winnipeg, Brandon and Thompson which require full-time staff. Ambulance vehicles and equipment are inspected to ensure compliance with minimum standards.

Following a review of the final report of the Educational Advisory Committee for Ambulance Services, standards of training have been established. In particular, the First Responder training is available throughout the province, offered by Facilitators (Instructer Trainers) situated in most major towns.

Emergency Health Services Program

Planning comprehensive, province-wide responses to health emergencies during times of disaster, co-ordinating emergency transportation and evacuation procedures, and allocating supplies and equipment under extreme circumstances, are key components of the Emergency Health Program. Also, the Commission assists individual hospitals and personal care homes in developing written plans to cope with local internal and external disasters; it ensures that such plans are feasible by scheduling mock disaster exercises. During the year, 11 such exercises were held in the province.

ADMINISTRATION

On March 31, 1983, the Commission employed 660 people compared to 658 on March 31, 1982. This includes several positions which are filled by two job sharing employees. The Commission's administration costs in 1982/83 were $11.8 million or 1.4 % of total expenditures.

In 1982/83 the Commission provided work experience for eleven students of Winnipeg and community high schools and colleges. They worked as clerks, secretaries and laboratory assistants. Consistent with an M.H.S.C. focus on opportunities for the handicapped, six students attending the Manitoba School for the Deaf and four handicapped adults obtained clerical and typing experience.

In the summer of 1982, the Commission also employed 14 students through the Student Temporary Employment In-Government Program (S.T.E.P.) to assist with a variety of projects, including several related to health research.

Thirteen projects have been submitted for the 1983 summer program which may provide temporary employment for up to seventeen students. Of these, seven projects could employ handicapped persons if qualified students are available.

During the year, 86 University of Manitoba fourth-year medical students attended six educational seminars at the Commission. Senior staff representing various Commission Divisions participated in two-hour sessions consisting of presentations, a question and answer period and a tour. The meetings are designed to provide students with an overview of the Commission's organization, functions, and programs. The Faculty of Medicine, at whose request the seminars were initiated several years ago, considers these meetings an important component of the students' education.

Throughout the year M.H.S.C. continued to coordinate the Manitoba Nursing Manpower Survey. This survey monitors the supply of registered nurses and licensed practical nurses needed to meet existing and anticipated vacancies in the Province.

DEER LODGE HOSPITAL

A significant event of 1982/83 to Manitoba and to the Manitoba Health Services Commission was the takeover on April 1, 1983, from the Government of Canada, of Deer Lodge Hospital. The transfer of ownership was the culmination of more than 15 years of negotiations.

Since 1916, when Roderick Mackenzie of the Canadian Northern Railway, gave the semi-rural Deer Lodge Hotel, situated in the midst of a wild game preserve, to the Dominion Hospital Commission as a home for wounded soldiers, Deer Lodge Hospital has acquired a reputation for excellent treatment of veterans.

It was commissioned in June, 1916 by H.R.H. the Duke of Connaught, accommodated 125 soldiers, and was run by the I.O.D.E.

In 1919 Deer Lodge Hospital came under the Department of Soldiers' Civil Re-establishment. By 1930 it had been expanded to accommodate 250.

At the beginning of the Second World War, when it was one of eight veterans' hospitals in Canada, it was further expanded for 550 patients.

Throughout its 68-year history, Deer Lodge Hospital became a conspicuous symbol of a nation's gratitude with a strong sense of institutional pride in its innovative programs.

It was a pioneer in rehabilitation medicine. Later, under its Medical Director, Dr. J. MacDonell, it became a Manitoba leader in geriatrics.

"We have a tradition to maintain", said Frank DeCock, Associate Executive Director of the Manitoba Health Services Commission and Chairman of the interim board of the re-named Deer Lodge Centre.

Negotiations about the future of Deer Lodge Hospital began in the late 1960s, following the 1963 federal government decision to transfer ownership of all veterans' hospitals to the provinces. The negotiations were interrupted by several changes of federal and provincial administration and, at first, aroused concerns among veterans' organizations. Veterans feared they might be deprived of the attention they had received in hospitals they regarded as their own.

These concerns were resolved during the prolonged negotiations by discussions with veterans' groups.

The Manitoba Health Services Commission acknowledges, with gratitude, the help and cooperation of the Manitoba North-West Ontario Command, Royal Canadian Legion; the Hong Kong Veterans' Association of Canada; the Manitoba Branch, Army, Navy and Air Force Vegerans of Canada; and the Manitoba Branch, War Amputations of Canada. Mr. William Neill, President of this branch serves on the board of the new Deer Lodge Centre.

The transfer agreement was signed in Winnipeg on November 29, 1982 between the Minister of Health of Manitoba, the Honourable L. L. Desjardins, and the Minister of Veterans Affairs of Canada, the Honourable Bennett Campbell. Formal takeover occurred April 1, 1983.

Under the terms of the agreement the former veterans hospital will undergo extensive renovations to be financed by a $30 million grant from the Department of Veterans Affairs.

The agreement insures that veterans will have priority access to 155 beds in Deer Lodge Centre, to be supported by federal funds through the construction period and for 10 years thereafter. Veterans will also have priority access to 50 acute care beds in any provincial hospital, to be paid for by the Department of Veterans Affairs.

"As a provincial hospital Deer Lodge Centre will continue in the honourable tradition of its distinguished past," said the Minister of Health, the Honourable L. L. Desjardins. "It will serve war veterans and those who require extended care. The high standards of medicine, nursing, social services and humanitarianism that distinguished it in the past will continue to be its hallmark in the future."

STANDING COMMITTEE ON MEDICAL MANPOWER

In 1978 an Ad Hoc Committee on Medical Manpower urged the Ministers of Health and Education to establish a standing committee to address a broad range of problems bearing on the supply, practice and geographic distribution of physicians in Manitoba.

Thus, the Standing Committee on Medical Manpower was established the following year, with representation from all groups concerned with these problems: the Manitoba Health Services Commission, the Universities Grants Commission, the College of Physicians and Surgeons, Manitoba; the Manitoba Medical Association, and the Faculty of Medicine, University of Manitoba. The Committee reports to the Ministers of Health and Education.

During 1982/83 the Committee has been preoccupied with a contradiction in physician supply. On one hand there is a potential over-supply of physicians. On the other, there is a shortage of physicians in rural areas and in some specialties. To a greater or lesser degree, this applies to all provinces of Canada.

To encourage physicians to practice in rural or underserviced areas the committee has developed an incentive program. This has four components.

The first is a summer work program enabling medical students to gain rural experience under a preceptor selected by Dr. R. Krause and Dr. Gary Beasley of the Department of Family Practice, Faculty of Medicine, University of Manitoba. The object of this component is to encourage Manitoba students to consider rural practice on graduation.

The second offers forgivable loans to third and fourth year medical students on the understanding that they will practice in a designated rural area. At present two students in third year have accepted loans and one fourth year student is in the second year of his loan program. A fourth year student should be completing his residency program in 1983.

This program has not been as successful as the committee hoped it might be. Most students prefer to borrow through the Student Aid Program because this does not limit their future locale of practice.

The committee is studying this problem and examining ways to make country practice more attractive to students and young graduates.

A third component in the incentive program allows rural practitioners to take up to six-months training in a needed specialty such as anaesthesia, obstetrics or pediatrics through a rural residency program supported by the University of Manitoba.

The Committee hopes to set up a pool of locum tenens to make it easier for rural physicians to leave their practices for the period of study in Winnipeg.

The fourth component in the committee's incentive program offers location grants to physicians who wish to set up practice in rural areas which the committee has designated as underserviced.

The Standing Committee on Medical Manpower also monitors physician immigration according to federal and provincial regulations.

In Manitoba, the committee has restricted physician immigration to 12 months temporary entry for physicians proceeding to a firm job opportunity in rural Manitoba. The committee felt it was essential to make this stipulation because many immigrant physicians were remaining in rural Manitoba only until they obtained landed immigrant status then moving to the cities.

Exceptions are made for foreign physicians with University appointments and for those in specialties which are under-supplied.

The Standing Committee on Medical Manpower, working closely with other provinces and with federal government agencies, is monitoring the potential surplus of physicians in Canada.

Its aim is to encourage Manitoba graduates in Medicine to become interested in rural practice and ways are now being explored to strengthen the present incentive program.

MOUNT CARMEL CLINIC

The new Mount Carmel Clinic, officially opened on September 24, 1982 by the Minister of Health, the Honourable L. L. Desjardins, has been described as the largest and most attractive clinic of its size in Western Canada.

Constructed of buff brick, trimmed with rough-faced cedar siding, the single-storey clinic stands behind the Canadian Imperial Bank of Commerce building at 886 Main Street on ground once covered by a flourishing market. It has three wings leading from a central, sky-lighted area where children play while their parents consult with the doctors, nurses, dentists, social workers or others who comprise the clinic's professional staff of 40. It has 24,000 square feet of program and support space.

The new building is three blocks distant from the 66-year old structure it replaces on Selkirk Avenue. It remains an intrinsic part of Winnipeg's core, whose population it serves. The original Mount Carmel Clinic, named after a celebrated location near Jerusalem, was established in 1926 by 28 Jewish organizations to provide free or low-cost medical services to the immigrant population then flooding into the north end of Winnipeg.

The principle of free, or low cost treatment and service is unchanged today. Mount Carmel Clinic prides itself on being uniquely organized to provide much of a family's health and social service needs under one roof.

Almost all of its programs are funded by the Manitoba Health Services Commission. Some, however, receive partial support from the United Way.

Mount Carmel Clinic is staffed by resident and consulting physicians, registered nurses, nurses aides, dentists, dental assistants, laboratory and x-ray technicians, pharmacists, social workers, nutritionists and health educators. In addition to traditional medical services it operates a children's day hospital and a day nursery for children two to five. It provides nutrition counselling for expectant mothers and single parents; diet counselling for diabetics, the overweight and the hypertensive. It treats minor emergencies and accidents, immunizes children and offers advice in family planning and housing. Volunteer lawyers provide legal aid. Social workers provide marital and family counselling. Before September 24, all these services were compressed into 4,000 square feet of space in the old building on Selkirk Avenue. Over the 57 years since it was founded, Mount Carmel Clinic's clientele grew from 725 in April 1926 to 22,000 in April, 1982.

The need for new premises was apparent as long as 15 years ago, but other health facility construction demands were more pressing. It was not until the summer of 1981 that sod was turned for the new Mount Carmel Clinic building, financed for $2,295,000 by the Manitoba Health Services Commission.

OBSTETRIC OUTREACH PROGRAM

The establishment of the Obstetric Outreach Program in 1982/83 makes Manitoba a leader and innovator in Canada's continuing efforts to reduce the perinatal death rate.

Coordinated jointly by the fetal assessment units of the St. Boniface General Hospital and the Health Sciences Centre, the program takes portable ultrasound equipment to remote and rural areas to screen pregnant women, 20 percent of whom are likely to experience some risk to themselves or their infant before or after delivery.

Ultrasound, which makes it possible to observe fetal motion, breathing and heartbeat and to measure fetal development with accuracy has, in the last decade, become a crucial support of contemporary obstetrical practice. Its value, in conjunction with intensive care units for fetal monitoring and newborns, has been demonstrated conclusively by a dramatic reduction in the neonatal death rate in Manitoba.

The advantages of this new technology, however, are not uniformly available to all Manitoba women. The resources of staff and equipment are concentrated in cities. If a rural woman at risk needs an ultrasound assessment she must travel to Winnipeg or to selected district hospitals recently equipped with ultrasound.

Some women do this, on the advice of their family physicians. But others do not. As a consequence, there is still, in some remote areas of the province, an abnormally high stillbirth rate. The medical scientists who planned the outreach program believe that taking this technology to the people in remote areas will help to reduce stillbirths and also save rural women unnecessary travel.

The existence of accurate, portable ultrasound and personnel trained to use it is a relatively recent development.

The mobile equipment was tested in a pilot study at Island Lake in 1980. The study was instituted jointly by the Department of Northern Medicine and the Department of Obstetrics, Gynecology and Reproductive Medicine, University of Manitoba. During a six-month period 244 women were screened. Six women with clearly identified risks were transferred to Winnipeg for ante-partum assessment. This contrasts with 22 with suspected risks transferred the year before.

In 1982/83 the Manitoba Health Services Commission allocated $282,900 for staff, equipment and travel expenses. However, this expense will be offset, to some degree, by the saving in hospital expenses if only women with definite risk are referred for ante-partum assessment.

The program's real value, however, is the improvement in medical care for isolated populations. This makes it possible for women at risk to remain at home until delivery.

Since February, 1983, when the program began, a total of 205 women from Pine Falls, Arborg, Gimli, Sandy Bay, Hodgson and Thompson have been screened.

Physicians and nurses, trained in the use of ultrasound and fetal monitoring at the coordinating hospitals, made five site visits to the end of this fiscal year. The team, which uses eight nurses on a rotating basis, will make a total of 56 outreach trips and 750 patient visits by the end of 1983. Each site is visited every five weeks. The ultimate aim is to extend this service to all areas of the province.

The program has two subsidiary aims. One is to provide valuable research material. The second is to educate professionals and the public in remote areas on the management of high risk pregnancies.

PEDIATRIC CARDIOLOGY

In 1982/83 the Manitoba Health Services Commission approved the reestablishment of complete pediatric cardiology services in Manitoba.

Located at Children's Hospital and integrated with the program at St. Boniface General Hospital, the pediatric cardiology program is headed by Dr. George Collins, formerly Director of the Cardiovascular Laboratory, Montreal Children's Hospital. Dr. Collins was appointed in June, 1982.

Children's Hospital in Winnipeg had a program of pediatric cardiology in the late 1950s to complement a program of pediatric cardiac surgery started in 1953.

By the early 1970s the number of open heart operations had declined to 25 a year. Increasingly patients with complex defects were referred elsewhere and in 1978 cardiac surgery at Children's Hospital was virtually discontinued.

The St. Boniface General Hospital accommodated some cases but most were sent to Toronto.

Recently two major medical advances contributed to growing concern about lack of complete cardiac services for children in Winnipeg.

One of these was the development of neonatal intensive care programs which require a cardiac surgery program to be effective since congenital heart disease is one of the more common causes of severe illness in newborns.

The second was the fact that major developments in pediatric cardiac surgery have occurred in the last decade allowing the correction of major malformations.

These concerns led to an external review by Dr. Richard Rowe, Director of the Division of Cardiology, Hospital for Sick Children, Toronto, who recommended expansion and upgrading of pediatric cardiology services in Winnipeg.

Dr. Collins is confident that upgrading the cardiology program now and later upgrading resources for cardiac surgery will have a substantial impact on the present practice of referring babies to Toronto for surgery.

The Manitoba Health Services Commission paid $422,000 for pediatric cardiac patients sent to Toronto's Hospital for Sick Children between October, 1981 and October, 1982.

Approximately 150 cases of congenital heart disease, 40 severe enough to need treatment in the first year of life, occur each year in Manitoba. This number, added to patients from Saskatchewan and Northwestern Ontario and possibly the border states, who could be expected to use the program, clearly demonstrates that it is needed.

At present the program will be housed in temporary quarters until the new Children's Hospital is completed.

INTRODUCTION TO STATISTICAL SECTION

The number and cost of Manitoba's insured health services are documented in this section. The registered population is included to illustrate rates of utilization for the individuals at risk. Calculations of the number and cost of medical services and patient days per 1,000 population allow comparison with similar data from other provinces.

TABLE I is an analysis of the population of Manitoba by health region, by age group and by sex. The population data is based on the Commission's records of residents registered with the Plan.

M.H.S.C. POPULATION MAP illustrates regional boundaries within Manitoba.

FIGURES 1 AND 2 OF TABLE I illustrate the percentage distribution of the population by health region and age group.

TABLE II records health services costs by program, during the five year period April 1978 to March 1983. Overall costs for insured benefits illustrate cumulative increases for existing and new programs.

FIGURE 3 illustrates the cost increases shown in Table II in graphic format. It demonstrates the cumulative total costs of M.H.S.C. programs during the last five years.

FIGURES 4A TO 4D illustrate per capita costs for 1978/79 to 1982/83 for total insured health costs, hospital, medical, and personal care home services.

MANITOBA HOSPITALS MAP illustrates the geographic location and size of all Manitoba acute and extended care hospitals.

TABLE III documents the distribution of hospital and personal care home beds according to location by health region. It does not reflect the actual use of beds by residents of one region in hospitals in other regions.

FIGURE 5 illustrates hospital patient days per 1,000 population by region or residence, for 1981/82 and 1982/83.

TABLE IV documents the distribution of hospital cases and days for adults and children (excluding newborns) according to broad diagnostic categories. Basically the same diagnostic categories are used in Table IX which documents medical utilization. These two tables provide an overview of hospital and medical claims by disease entity.

TABLE V documents the rated bed capacity and net M.H.S.C. payments to each Manitoba hospital by hospital category and bed size during 1981/82 and 1982/83.

MANITOBA PERSONAL CARE HOME MAP illustrates the geographic location and size of personal care homes outside of Winnipeg.

TABLE VI documents the distribution of personal care home residents by age, sex, and level of care as at March 31, 1983.

TABLE VII documents the rated bed capacity and net M.H.S.C. payments to each Manitoba personal care home by health region during 1981/82 and 1982/83.

TABLE VIIIA illustrates the distribution of health practitioners according to location by health region, based on M.H.S.C. payments over $20,000. The actual utilization of practitioners' services is not reflected in the ratio of population per practitioner.

TABLE VIIIB illustrates the distribution of health practitioners according to location by health region, based on M.H.S.C. payments over $30,000. The actual utilization of practitioners' services is not reflected in the ratio of population per practitioner.

FIGURE 6 illustrates medical services per capita cost by health region of residence, for 1981/82 and 1982/83.

TABLE IX documents the distribution of medical services and costs according to broad diagnostic categories (similar to Table IV for hospital cases and days).

FIGURE 7 compares medical services per capita costs by select age groups and sex, for 1982/83. The signifcantly higher costs shown for females in the age group 15-34 reflects service costs related to child bearing.

TABLE X compares the average cost per patient by type of practice from 1978/79 to 1982/83.

TABLE XI shows the distribution of costs according to types of medical services, and the percentage distribution, for 1981/82 and 1982/83.

TABLE XIIA shows the number of medical practitioners with M.H.S.C. payments over $20,000., and the average and median payments by type of practice, for 1981/82 and 1982/83. Reference to the table footnotes is important for correct interpretation.

TABLE XIIB shows the number of medical practitioners with M.H.S.C. payments over $30,000., and the average and median payments by type of practice, for 1981/82 and 1982/83. Reference to the table footnotes is important for correct interpretation.

TABLE XIIIA shows the number of dental and oral surgeons, optometrists and chiropractors with M.H.S.C. payments over $20,000., and the average and median payments, for 1981/82 and 1982/83.

TABLE XIIIB shows the number of dental and oral surgeons, optometrists and chiropractors with M.H.S.C. payments over $30,000., and the average and median payments, for 1981/82 and 1982/83.

TABLE XIV illustrates the distribution and cost of medical and other health services by type of practice, for 1981/82 and 1982/83.

TABLE I

MANITOBA POPULATION BY AGE GROUP AND HEALTH REGION, DECEMBER 1, 1982[1]

REGION/AGE	0 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75+	TOTAL
CENTRAL									
Male	12,171	8,894	6,862	4,938	4,011	3,977	3,351	2,184	46,388
Female	11,540	8,286	6,371	4,802	4,029	4,353	3,577	2,850	45,808
Sub-Total	23,711	17,180	13,233	9,740	8,040	8,330	6,928	5,034	92,196
EASTMAN									
Male	11,064	7,623	5,952	4,581	3,398	3,050	2,304	1,297	39,269
Female	10,582	6,927	5,824	4,299	3,095	2,997	2,128	1,523	37,375
Sub-Total	21,646	14,550	11,776	8,880	6,493	6,047	4,432	2,820	76,644
INTERLAKE									
Male	8,796	6,497	5,162	4,190	3,393	3,143	2,575	1,279	35,035
Female	8,371	5,903	4,946	4,003	3,188	3,216	2,378	1,507	33,512
Sub-Total	17,167	12,400	10,108	8,193	6,581	6,359	4,953	2,786	68,547
NORMAN									
Male	13,591	8,375	6,987	4,486	2,841	1,997	1,105	605	39,987
Female	12,718	8,006	6,417	3,834	2,376	1,729	1,057	540	36,677
Sub-Total	26,309	16,381	13,404	8,320	5,217	3,726	2,162	1,145	76,664
PARKLAND									
Male	6,090	4,289	3,298	2,689	2,518	2,902	2,411	1,602	25,799
Female	5,703	4,021	3,113	2,554	2,433	2,805	2,441	1,836	24,906
Sub-Total	11,793	8,310	6,411	5,243	4,951	5,707	4,852	3,438	50,705
WESTMAN									
Male	13,749	10,591	8,925	6,314	5,645	6,028	5,228	3,291	59,771
Female	13,045	10,202	8,706	6,233	5,760	6,535	5,458	4,579	60,518
Sub-Total	26,794	20,793	17,631	12,547	11,405	12,563	10,686	7,870	120,289
WINNIPEG									
Male	62,756	53,974	53,623	36,735	28,936	26,779	18,109	9,847	290,759
Female	59,891	55,732	55,256	36,986	29,823	31,323	23,889	17,405	310,305
Sub-Total	122,647	109,706	108,879	73,721	58,759	58,102	41,998	27,252	601,064
MANITOBA									
Male	128,217	100,243	90,809	63,933	50,742	47,876	35,083	20,105	537,008
Female	121,850	99,077	90,633	62,711	50,704	52,958	40,928	30,240	549,101
TOTAL	250,067	199,320	181,442	126,644	101,446	100,834	76,011	50,345	1,086,109

[1]Preliminary estimate.

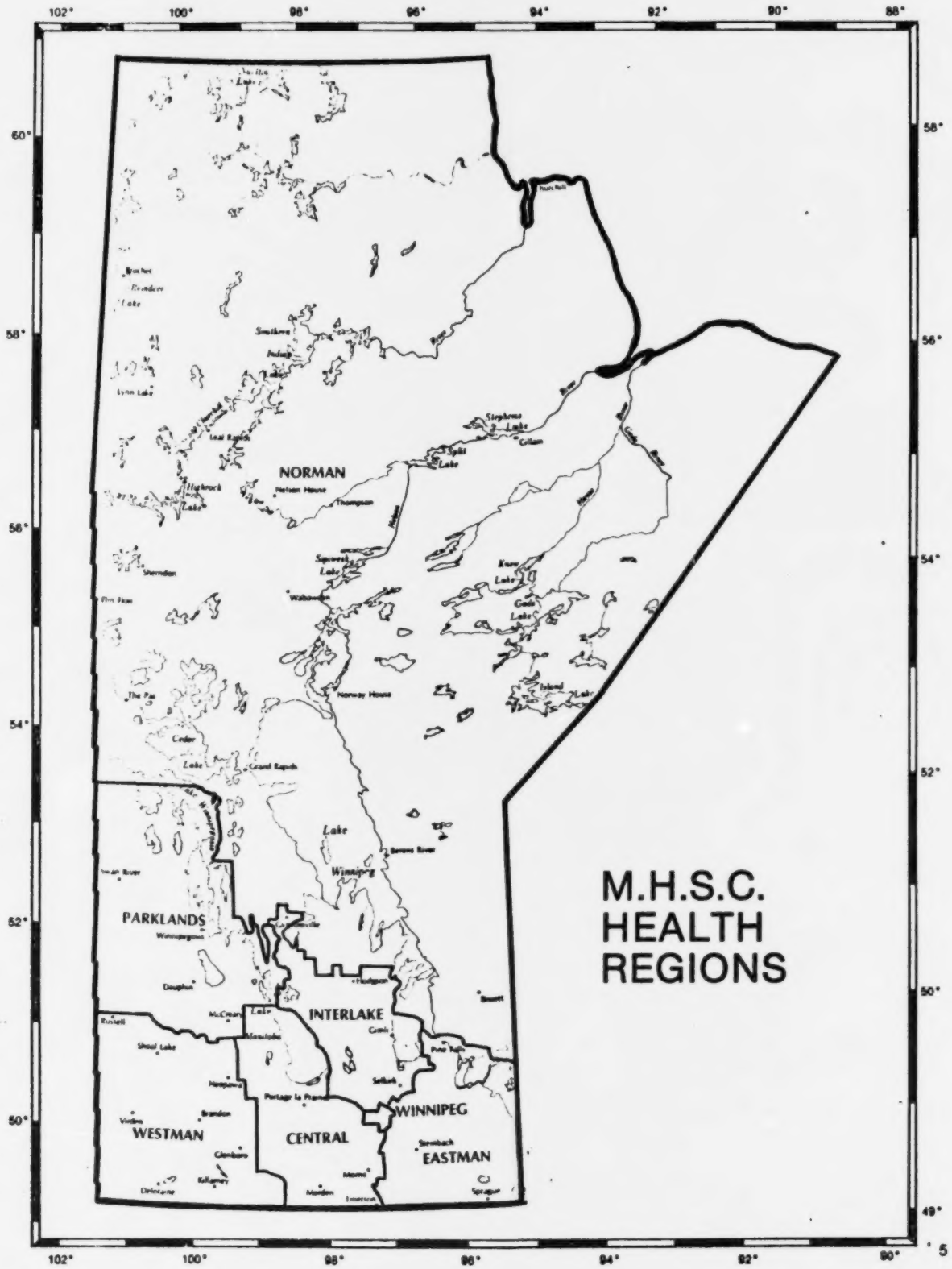
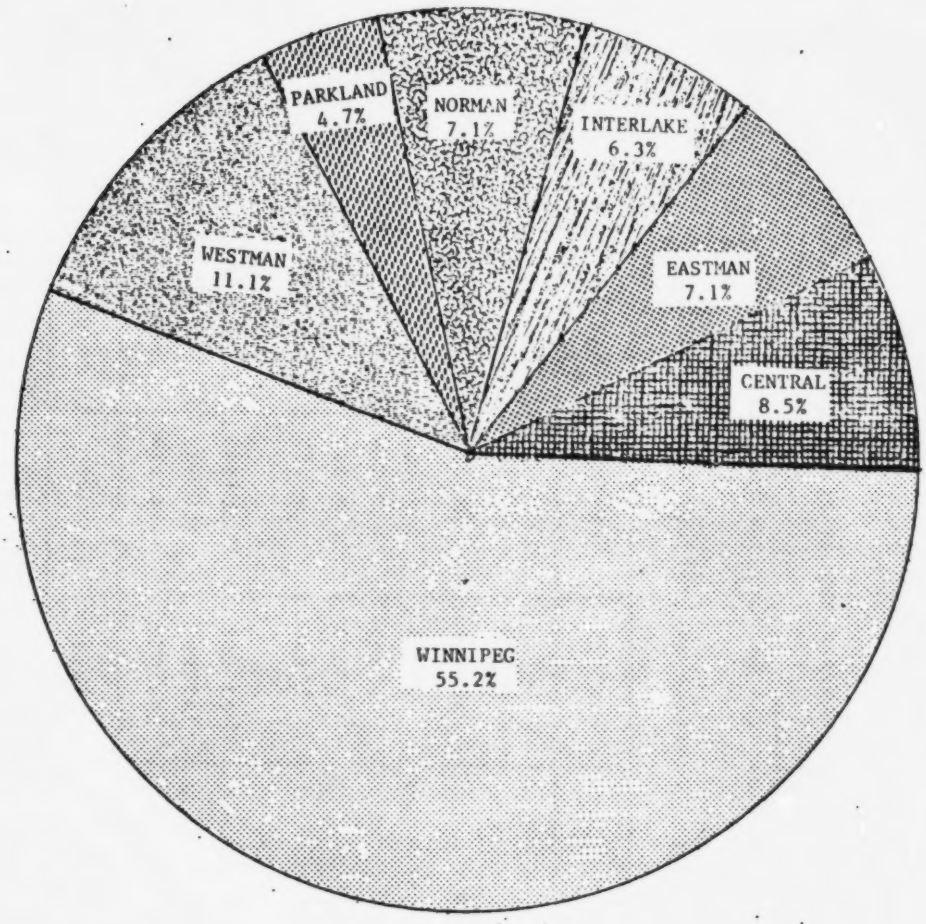

M.H.S.C.
HEALTH
REGIONS
NORMAN
PARKLANDS
INTERLAKE
WINNIPEG
CENTRAL
WESTMAN
EASTMAN
102°
100°
98°
96°
94°
92°
90°
88°
60°
58°
56°
54°
52°
50°
49°

FIGURE 1

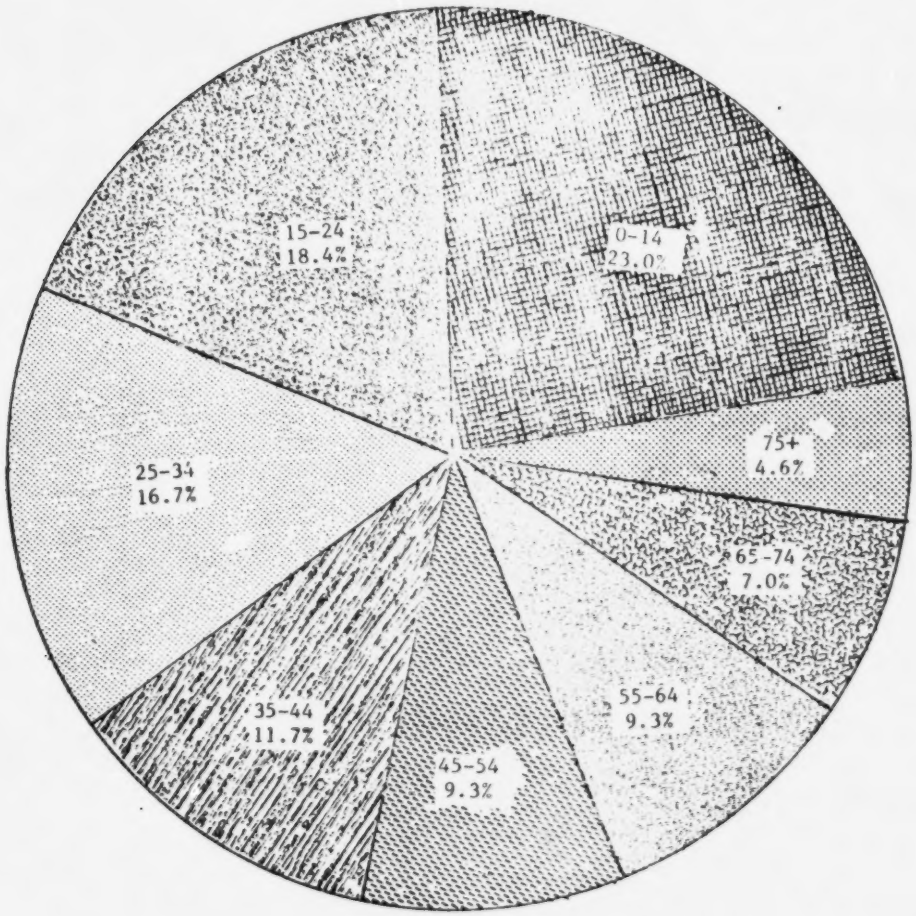
Percentage Distribution of Population by Health Regions, December 1, 1982.



Based on Table I

FIGURE 2

Percentage Distribution of Population by Age Groups, December 1, 1982.



Based on Table I

TABLE II

MANITOBA HEALTH SERVICES COMMISSION EXPENDITURES, 1978/79 TO 1982/83.

EXPENDITURES ($000's)	1978/79	1979/80	1980/81	1981/82	1982/83
Hospital Services[1]	262,536	288,814	341,995	418,659	487,985
Medical Services[2]	94,616	106,788	117,724	145,031	166,650
Personal Care Homes	63,907	70,559	81,678	99,958	120,011
Other Health Costs:					
Pharmacare	7,970	8,742	10,568	13,611	17,249
Other Health Services[3]	6,023	6,942	8,5'2	8,951	11,743
Ambulance Program	1,167	1,248	1,340	1,468	1,981
Northern Patient Transportation	863	1,200	1,466	1,879	2,204
Sub-Total Other Health Costs	16,023	18,132	21,886	25,909	33,177
M.H.S.C. Administration	8,140	8,325	9,036	10,135	11,762
TOTAL	445,222	492,618	572,319	699,692	819,585

[1] Includes public general, federal, contract facilities, out-of-province facilities and Cadham Laboratory.

[2] Includes medical fee for service, salary, and private laboratory and x-ray facilities, Dental and Oral Surgery.

[3] Includes Chiropractic, Optometric, Prosthetic and Orthotic services.

FIGURE 3

MANITOBA HEALTH SERVICES COMMISSION EXPENDITURES,
1978/79 TO 1982/83.

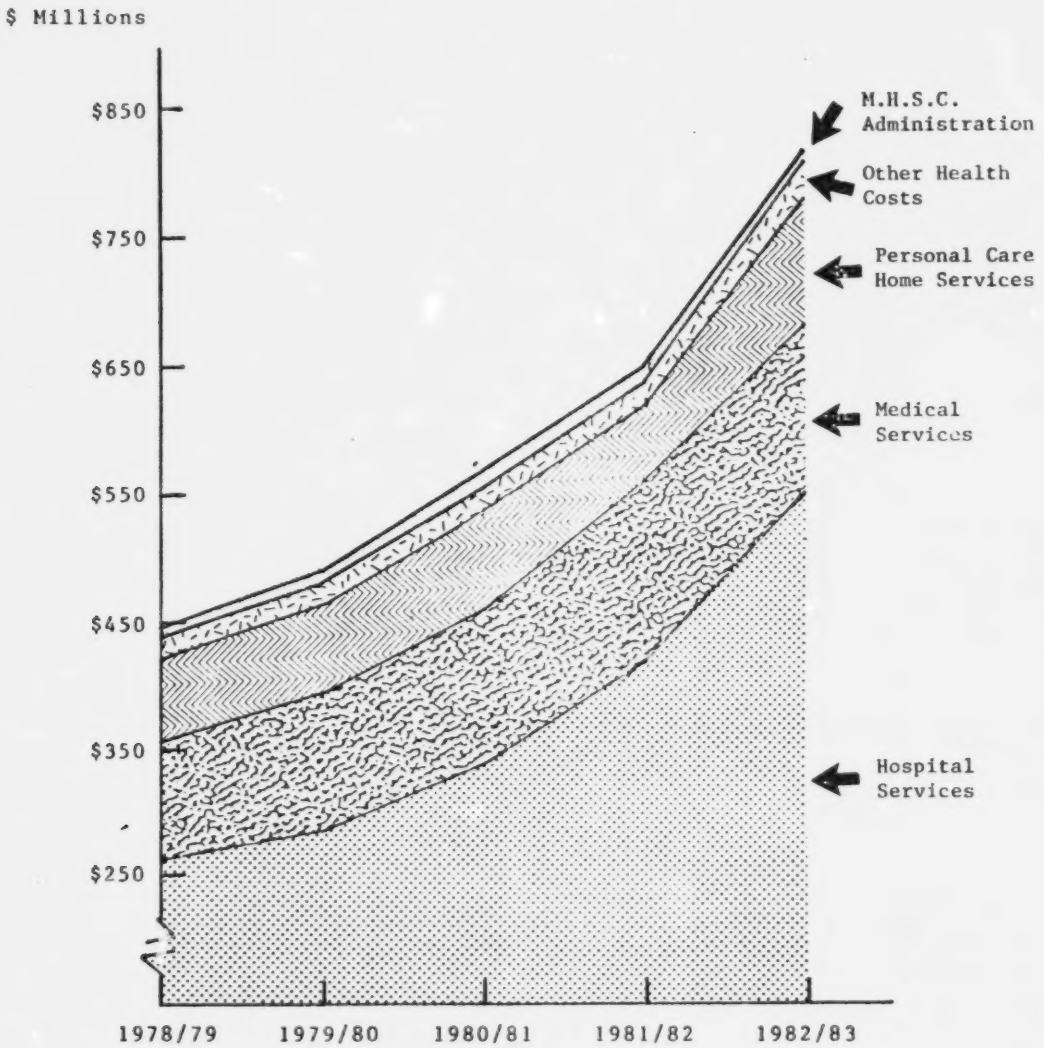
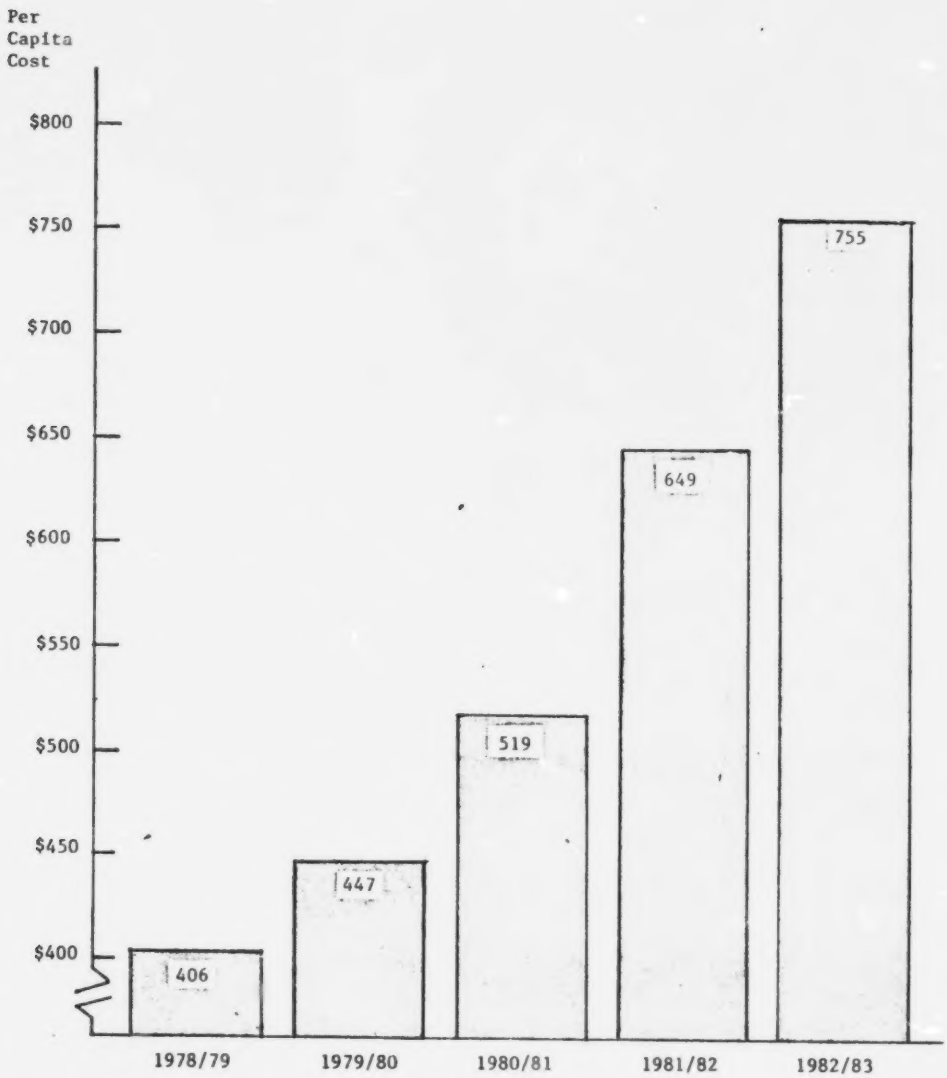


Figure 3 based on Table II

FIGURE 4A

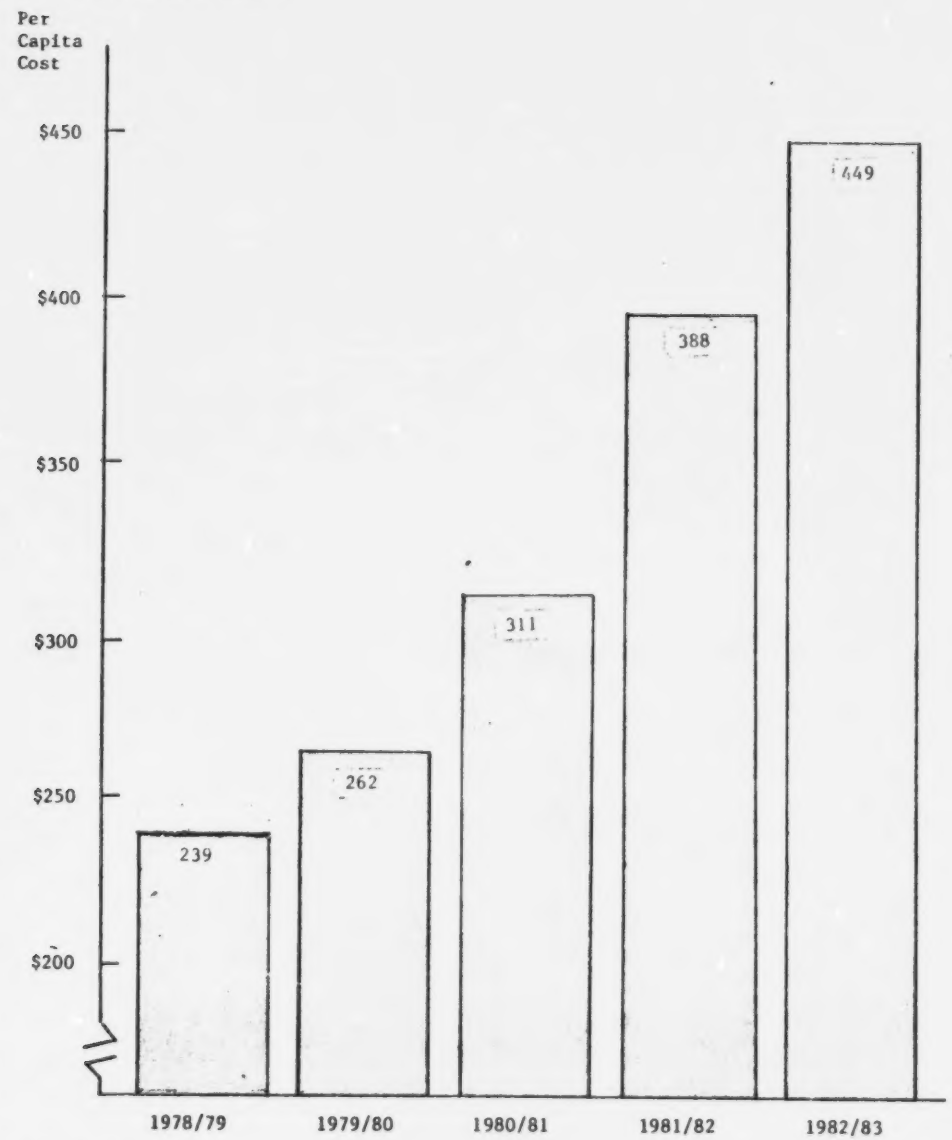
TOTAL HEALTH SERVICES PER CAPITA COSTS, 1978/79 TO 1982/83



BASED ON TABLE II TOTAL M.H.S.C. EXPENDITURES.

FIGURE 4B

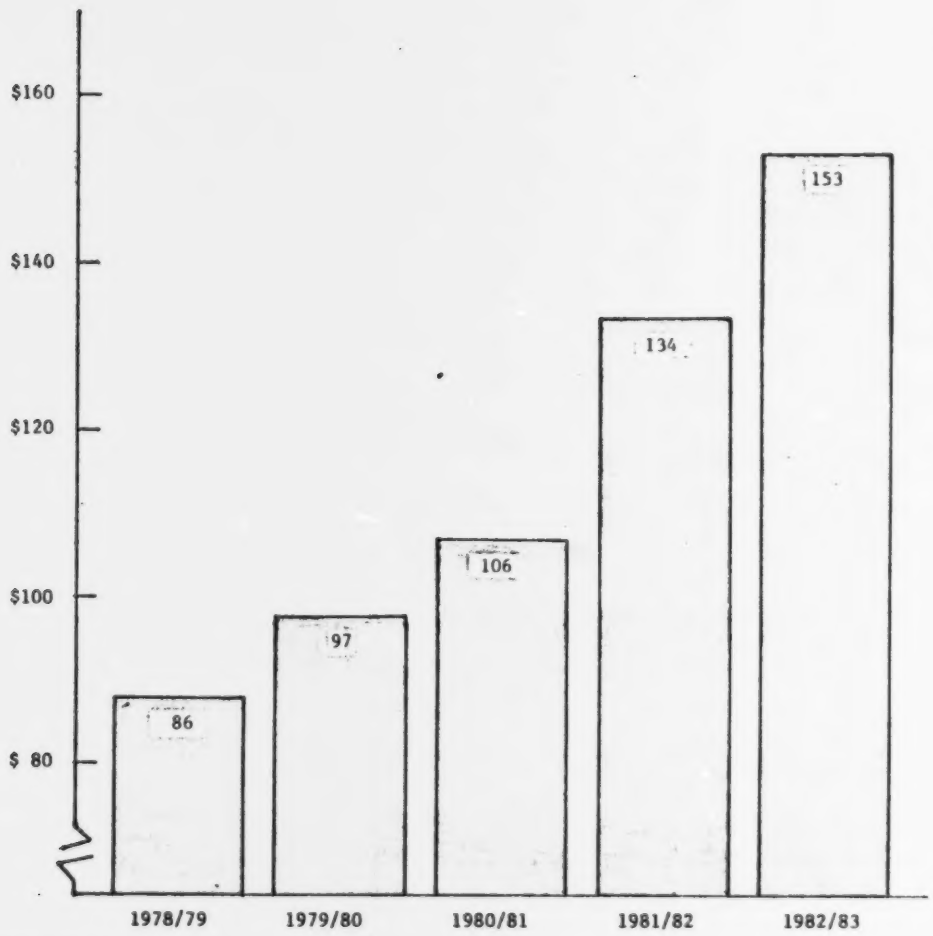
INSURED HOSPITAL SERVICES PER CAPITA COSTS, 1978/79 TO 1982/83



BASED ON TABLE II HOSPITAL SERVICES EXPENDITURES.

FIGURE 4C

INSURED MEDICAL* SERVICES PER CAPITA COSTS, 1978/79 TO 1982/83

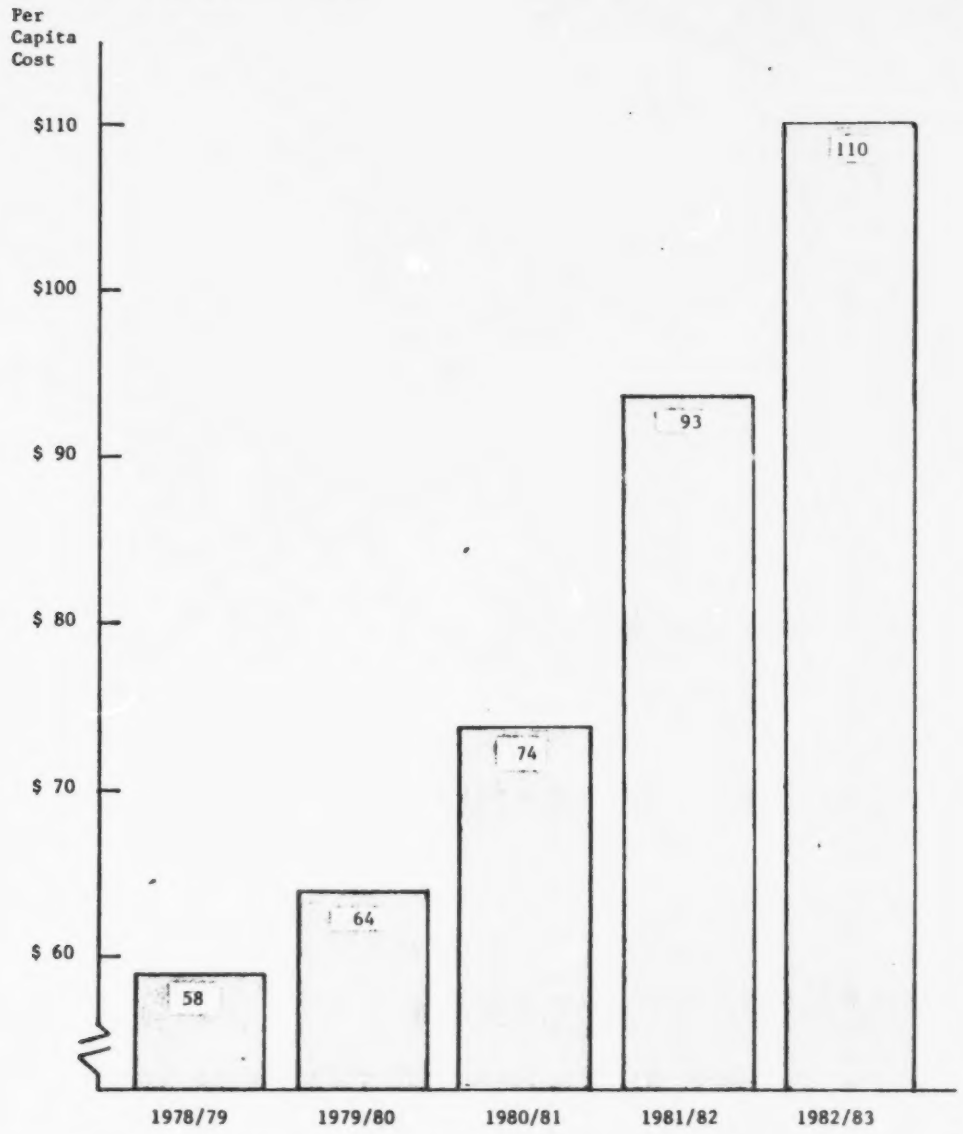


BASED ON TABLE II MEDICAL SERVICES EXPENDITURES.

*Includes Medical Services, Dental Surgery and Oral Surgery.

FIGURE 4D

INSURED PERSONAL CARE HOME SERVICES PER CAPITA COSTS, 1978/79 TO 1982/83



BASED ON TABLE II PERSONAL CARE HOME EXPENDITURES.

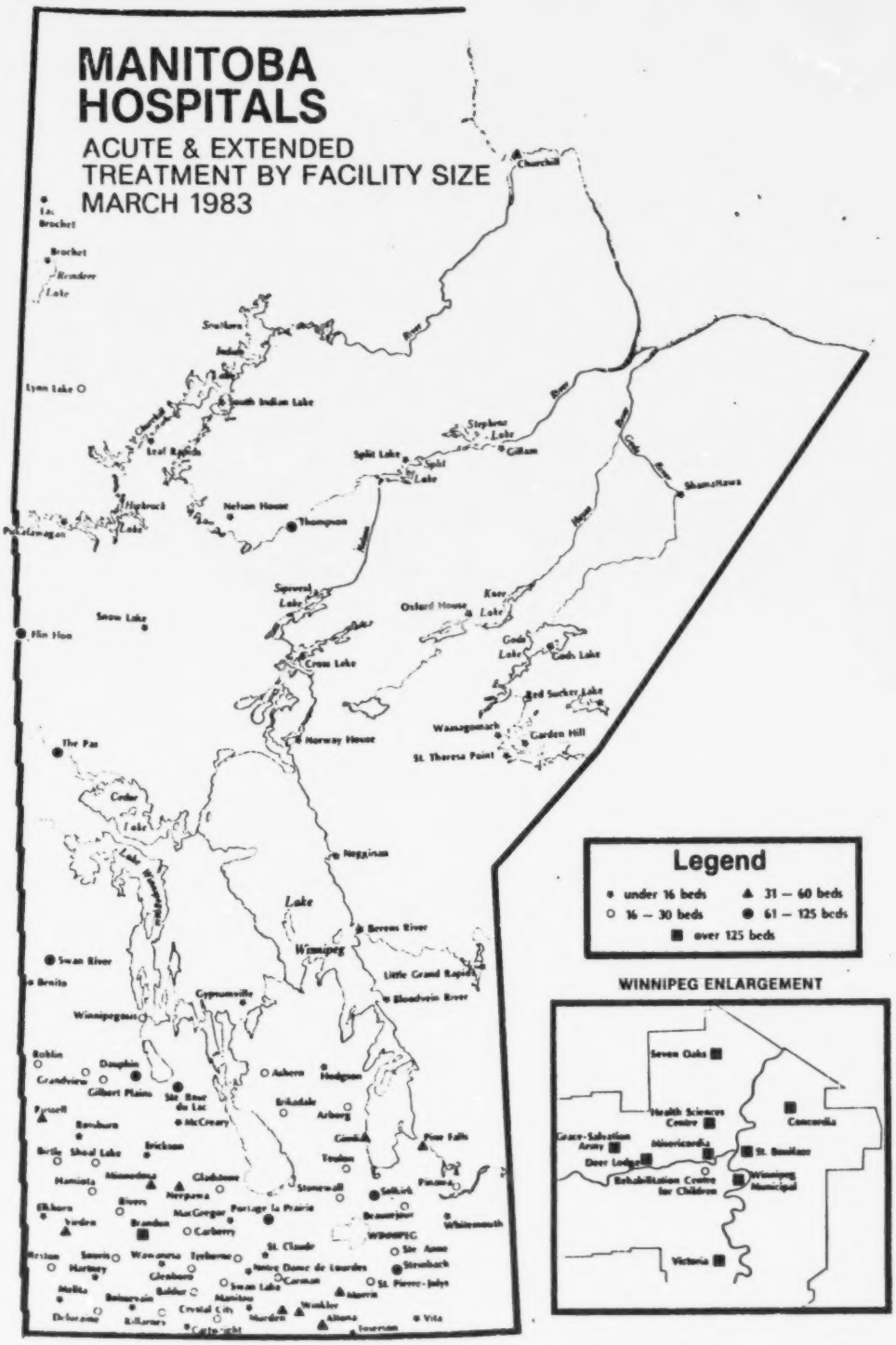

MANITOBA
HOSPITALS
ACUTE & EXTENDED
TREATMENT BY FACILITY SIZE
MARCH 1983
Churchill
Brochet
Lynn Lake
South Indian Lake
Leaf Rapids
Split Lake
Stephens Lake
Gillam
Shamattawa
Nelson House
Thompson
Snow Lake
Flin Flon
Cross Lake
Oxford House
Knee Lake
Gods Lake
Gods Lake
Red Sucker Lake
Wanagomark
Garden Hill
St. Theresa Point
The Pas
Norway House
Cedar Lake
Lake Winnipegosis
Lake Winnipeg
Berens River
Swan River
Brandon
Winnipeg
Gypsumville
Little Grand Rapids
Bloodvein River
Dauphin
Gilbert Plains
Ste. Rose du Lac
McCreary
Ashern
Hodgson
Arborg
Gimli
Pine Falls
Selkirk
Stonewall
Steinbach
Carberry
Portage la Prairie
Beausejour
Whitemouth
WINNIPEG
St. Claude
Ste. Anne
Carman
Swan Lake
Morris
Winkler
Altona
Virden
Souris
Hartney
Melita
Boissevain
Killarney
Crystal City
Morden
Carberry
Treherne
Glenboro
Baldur
Manitou
Notre Dame de Lourdes
St. Pierre-Jolys
Strathmore
Legend
under 16 beds
16 – 30 beds
31 – 60 beds
61 – 125 beds
over 125 beds
WINNIPEG ENLARGEMENT
Seven Oaks
Health Sciences Centre
Concordia
Grace-Salvation Army
Misericordia
St. Boniface
Deer Lodge
Rehabilitation Centre for Children
Winnipeg Municipal
Victoria

TABLE III

POPULATION, HEALTH FACILITY BEDS AND RATE PER 1,000 POPULATION BY HEALTH REGION, 1982/83

HEALTH REGION	POPULATION[1]	ACTIVE TREATMENT		EXTENDED TREATMENT		PERSONAL CARE HOME	
		BEDS	PER 1,000 POPULATION	BEDS	PER 1,000 POPULATION	BEDS	PER 1,000 POPULATION
Central	92,196	442	4.8	50	0.5	756	8.3
Eastman	76,644	226	2.9	12	0.2	390	5.1
Interlake	68,547	231	3.4	-	-	519	7.6
Norman	76,664	469	6.1	-	-	158	2.1
Parkland	50,705	344	6.8	39	0.8	398	7.8
Westman	120,289	708	5.9	201	1.7	1,536[4]	12.8[4]
Winnipeg	601,064	3,296	5.5[2]	825	1.4[2]	4,371	7.3
Manitoba	1,086,109	5,716[3]	5.3	1,127	1.0	8,128	7.5

[1] M.H.S.C. Registered Population as of December 1, 1982, preliminary estimate.

[2] Actual beds available for Winnipeg residents were 4.27 per 1,000 population. The additional Winnipeg acute and extended beds, accounting for 22.4% of patient days, were used by rural residents and non-residents of the province.

[3] Although the table shows 5,716 rated beds, budget policies of M.H.S.C. are based upon approved utilization, resulting in 5,256 beds being funded.

[4] 34.5% of Westman's beds are hostel as compared to 17.6% in all other regions combined.

FIGURE 5

IN-PATIENT HOSPITAL DAYS PER 1,000 POPULATION BY REGION, 1981/82 AND 1982/83

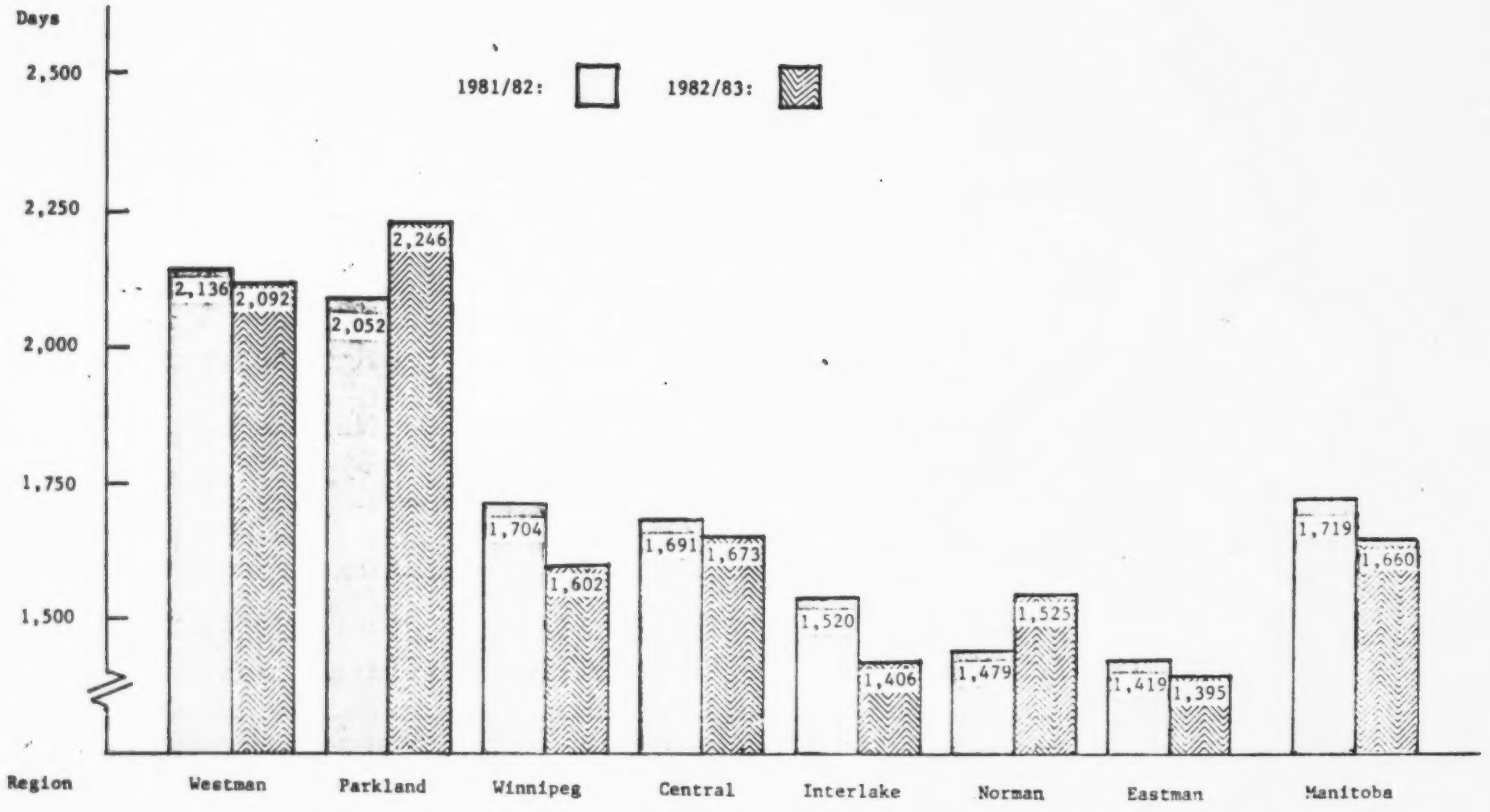


TABLE IV

HOSPITAL UTILIZATION AND RATES PER 1,000 POPULATION
BY DIAGNOSTIC CATEGORY, 1982/83

DIAGNOSTIC CATEGORIES[1]	IN-PATIENT CASES	PATIENT DAYS	LENGTH OF STAY	RATES PER 1,000 POPULATION[2] IN-PATIENT CASES	PATIENT DAYS
Infectious and Parasitic Diseases	2,273	40,095	17.6	2	37
Neoplasms	9,640	178,692	18.5	9	165
Endocrine, Metabolic Diseases	2,841	46,903	16.5	3	43
Diseases of Blood and Blood Forming Organs	1,002	11,576	11.6	1	11
Mental Disorders	6,600	141,416	21.4	6	130
Diseases of the Nervous System and Sense Organs	6,796	92,698	13.6	6	85
Diseases of the Circulatory System	17,962	323,267	18.0	17	298
Diseases of the Respiratory System	19,371	179,865	9.3	18	166
Diseases of the Digestive System	18,208	151,210	8.3	17	139
Diseases of the Genitourinary System	11,345	94,042	8.3	10	87
Pregnancy, Childbirth, Puerperium	23,825	99,729	4.2	22	92
Diseases of the Skin and Subcutaneous Tissue	2,231	22,604	10.1	2	21
Diseases of the Musculoskeletal System	7,286	89,339	12.3	7	82
Congenital Anomalies	1,266	11,417	9.0	1	11
Conditions Originating in the Perinatal Period	464	4,283	9.2	1	4
Symptoms, Signs, Ill-Defined Conditions	9,328	64,580	6.9	9	59
Injury and Poisoning	14,689	182,029	12.4	14	168
Supplementary Classification[3]	6,226	69,091	11.1	6	64
TOTAL	161,353	1,802,836	11.2	149	1,660

[1] I.C.D.-9-C.M.

[2] Population as of December 1, 1982: 1,086,109, preliminary estimate.

[3] Factors Influencing Health Status and Contact with Health Services.

TABLE V

HOSPITAL RATED BED CAPACITY AND NET M.H.S.C. PAYMENTS 1981/82 AND 1982/83.

HOSPITAL NAME	RATED BED CAPACITY AS AT MARCH 31 1981/82	RATED BED CAPACITY AS AT MARCH 31 1982/83	NET M.H.S.C. PAYMENTS 1981/82 $	NET M.H.S.C. PAYMENTS 1982/83 $
Active Treatment - Public General 15 Beds and Under:				
Benito	10	9	264,792	337,200
Boissevain	12	12	702,000	746,520
Cartwright	8	8	296,832	339,960
Elkhorn	8	8	252,984	302,160
Emerson	12	12	391,320	442,776
Erickson	14	14	424,848	477,680
Gillam	15	15	704,952	822,432
Hartney	9	9	270,168	328,440
Leaf Rapids	8	8	497,328	567,024
Manitou-Pembina	14	14	371,592	418,872
McCreary	13	13	477,408	531,720
MacGregor-North-Norfolk	12	6	351,648	452,562
Melita-Wilson Memorial	12	12	514,704	570,240
Notre Dame	10	10	369,408	429,960
Rossburn	17	10	468,744	540,910
St. Claude	10	12	460,748	530,068
Snow Lake	7	7	528,264	521,688
Vita	11	11	326,400	369,864
Wawanesa	10	10	382,350	471,480
Whitemouth	10	10	390,912	466,824
Sub-total	222	210	8,447,402	9,668,400
16 - 30 Beds:				
Arborg	18	18	594,336	669,432
Ashern-Lakeshore	16	16	603,626	764,664
Baldur	16	16	467,758	570,288
Beausejour	30	30	1,010,976	1,155,528
Birtle	19	19	758,688	823,296
Carberry-Fox Memorial	29	29	747,360	847,488
Carman	35	30	1,038,744	1,601,802
Crystal City	16	16	794,376	813,408
Deloraine	18	18	742,584	815,280
Eriksdale-E.M. Crowe Memorial	17	17	545,952	746,088
Gilbert Plains	21	21	488,736	551,472
Gladstone	25	25	621,552	704,592
Glenboro	19	19	469,758	569,664
Grandview	18	18	557,832	643,632
Hamiota	25	21	917,088	996,792
Killarney	26	26	1,205,712	1,359,144
Lynn Lake	25	25	908,064	1,024,512
Pinawa	17	17	592,320	683,304
Reston	17	17	432,576	497,208
Rivers-Riverdale	16	16	589,295	683,952
Roblin	25	25	1,027,080	1,135,008
Ste. Anne	18	18	721,776	983,352
St. Pierre-Desplaberry	19	19	709,368	783,528
Shoal Lake	23	23	685,248	789,288
Souris	30	30	1,268,016	1,430,352
Stonewall-Dr. Evelyn Memorial	18	18	787,752	873,888
Swan Lake	22	22	940,344	1,045,800
Teulon	20	20	1,243,104	1,319,832
Treherne-Victoria-South Norfolk	18	18	709,294	772,776
Winnipegosis	18	18	633,820	737,352
Sub-total	634	625	22,813,135	26,392,722

TABLE V

HOSPITAL RATED BED CAPACITY AND NET M.H.S.C. PAYMENTS 1981/82 AND 1982/83.

HOSPITAL NAME	RATED BED CAPACITY AS AT MARCH 31 1981/82	1982/83	NET M.H.S.C PAYMENTS 1981/82 $	1982/83 $
31 - 60 Beds:				
Altona	32	32	985,680	1,120,848
Churchill Health Centre	31	31	1,909,056	2,333,784
Gimli-Johnson Memorial	45	45	1,385,376	1,571,688
Minnedosa	35	35	1,206,192	1,356,480
Morden	48	48	2,693,808	3,161,616
Morris	52	52	1,220,664	1,445,332
Neepawa	38	38	1,230,216	1,390,704
Pine Falls	48	48	1,389,096	1,584,624
Russell	38	38	1,284,240	1,473,504
Virden	32	32	1,023,288	1,187,304
Winkler-Bethel	57	57	2,542,920	2,881,776
Sub-total	456	456	16,870,536	19,507,660
61 - 125 Beds:				
Dauphin	104	104	5,151,696*	5,784,816*
Flin Flon	100	100	2,781,384	2,937,456
Portage General	104	104	5,121,984*	5,782,488*
Ste. Rose	68	68	2,350,704	2,619,192
Selkirk	77	77	3,448,944	4,227,384
Steinbach-Bethesda	65	65	2,761,920*	3,195,336*
Swan River	68	68	3,727,704*	4,276,296*
The Pas-St. Anthony's	112	112	5,379,840	6,215,760
Thompson	100	100	5,890,368	6,608,496
Sub-total	798	798	36,614,544	41,647,224
Over 125 Beds:				
Brandon	232	232	19,922,904*	23,560,032*
Concordia	132	132	9,261,984	10,689,624
Grace-Salvation Army	302	302	20,546,304	23,705,760
Health Sciences Centre	1,190	1,190	112,857,216	132,804,912
Misericordia	409	409	24,549,912	28,463,208
St. Boniface	624	624	64,388,604	76,009,608
Seven Oaks	216	216	17,428,392	22,694,538
Victoria	252	252	16,027,008	19,339,776
Sub-total	3,357	3,357	284,982,324	337,267,458
TOTAL ALL PUBLIC GENERAL HOSPITALS	5,467	5,446	369,727,941	434,483,464
Specialty Hospitals:				
Rehabilitation Centre for Children	20	20	1,045,200	1,330,392
Federal Hospitals:				
Deer Lodge	151	151	6,218,682	6,888,193
Gypsumville	4	4	3,592	5,035
Hodgson-P. E. Moore	16	16	428,855	321,828
Norway House	16	16	352,815	384,247
Bloodvein N.S.	2	2	370	3,482
Berens River N.S.	6	6	6,395	5,217
Brochet N.S.	3	3	289	1,473
Cross Lake N.S.	4	4	13,269	14,522
Garden Hill N.S.	3	3	2,576	2,727

TABLE V

HOSPITAL RATED BED CAPACITY AND NET M.H.S.C. PAYMENTS 1981/82 AND 1982/83.

HOSPITAL NAME	RATED BED CAPACITY AS AT MARCH 31 1981/82	1982/83	NET M.H.S.C. PAYMENTS 1981/82 $	1982/83 $
Federal Hospitals Cont'd:				
God's Lake N.S.	4	4	7,996	8,065
Lac Brochet N.S.	-	2	-	-
Little Grand Rapids N.S.	4	4	2,459	2,541
Nelson House N.S.	4	4	78	7,877
Oxford House N.S.	3	3	9,016	15,172
Poplar River N.S.	4	4	2,019	2,211
Pukatawagan N.S.	4	4	83	1,043
Red Sucker Lake N.S.	2	2	389	1,363
Ste. Theresa N.S.	3	3	606	4,496
Shamatawa N.S.	4	4	69	4,983
South Indian Lake N.S.	6	6	156	1,096
Split Lake N.S.	4	4	550	1,028
Wassagamack N.S.	1	1	-	2,752
Sub-total	248	250	7,050,264	7,679,351
TOTAL ALL ACTIVE TREATMENT HOSPITALS	5,735	5,716	377,823,405	443,493,207
Extended Treatment Hospitals:				
Brandon-Assiniboine	201	201	*	*
Dauphin	20	20	*	*
Morden	23	23	*	*
Portage	27	27	*	*
St. Boniface	188	188	*	*
Seven Oaks	120	116	*	*
Steinbach	12	12	*	*
Swan River	19	19	*	*
Winnipeg Municipal	401	401	14,363,112	17,080,320
Deer Lodge	120	120	*	*
TOTAL ALL EXTENDED TREATMENT HOSPITALS	1,131	1,127	14,363,112	17,080,320
Other Health Facilities:				
Manitoba Cancer Treatment and Research Foundation	-	-	4,342,104	5,155,896
Camp Shilo	-	-	18,520	20,458
Westman Laboratory	-	-	3,376,896	3,498,000
Red Cross Blood Transfusion	-	-	4,204,963	4,836,821
Cadham Provincial Laboratory	-	-	3,491,641	3,797,098
Out-of-Province Payments	-	-	7,579,872	8,711,583
Sanatorium Board of Manitoba	-	-	1,199,104	1,456,096
Sub-total	-	-	24,213,100	27,475,952
TOTAL ALL FACILITIES	6,866	6,843	416,399,617[1]	488,049,479[1]

*M.H.S.C. Payments include acute and extended treatment.

[1]The difference between net M.H.S.C. payments and hospital expenditures per Table II represents year end accruals and sundry adjustments.

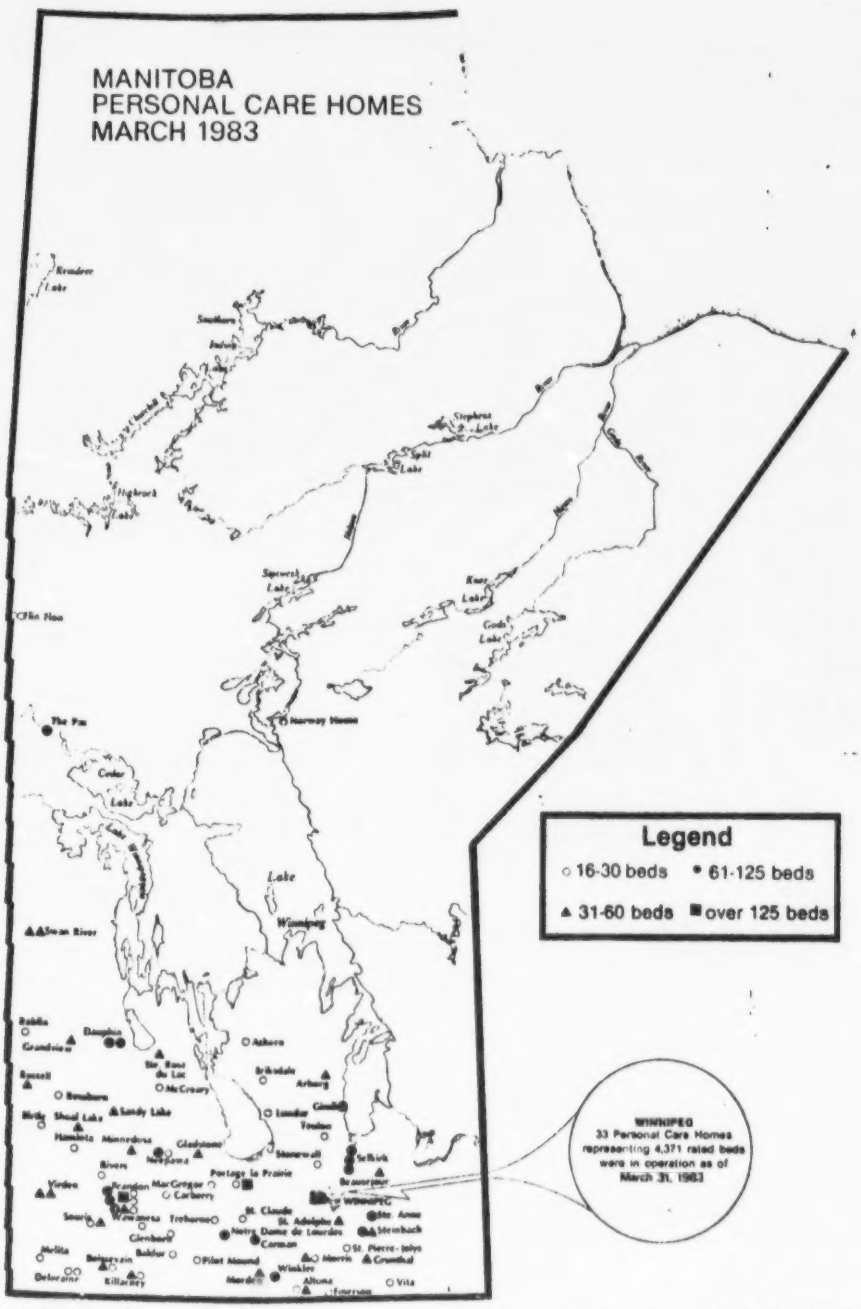

MANITOBA
PERSONAL CARE HOMES
MARCH 1983
Legend
16-30 beds
61-125 beds
31-60 beds
over 125 beds
WINNIPEG
33 Personal Care Homes
representing 4,371 rated beds
were in operation as of
March 31, 1983

TABLE VI

PERSONAL CARE HOME RESIDENTS BY AGE, SEX AND LEVEL OF CARE, MARCH 31, 1983

AGE GROUP AND SEX	EXTENDED CARE LEVEL 4	EXTENDED CARE LEVEL 3	PERSONAL CARE LEVEL 2	HOSTEL CARE LEVEL 1	TOTAL	%
Under 65 M	41	70	69	24	204	2.5
Under 65 F	58	89	71	21	239	3.0
65 - 69 M	21	55	38	24	138	1.7
65 - 69 F	37	60	70	26	193	2.4
70 - 74 M	35	66	93	44	238	3.0
70 - 74 F	63	121	140	49	373	4.7
75 - 79 M	68	130	150	67	415	5.2
75 - 79 F	108	223	306	105	742	9.3
80 - 84 M	60	167	183	103	513	6.4
80 - 84 F	187	298	486	178	1,149	14.3
85+ M	93	275	363	221	952	11.9
85+ F	549	785	1,071	453	2,858	35.6
TOTAL	1,320	2,339	3,040	1,315	8,014	100.0
%	16.5	29.2	37.9	16.4	100.0	

TABLE VII

PERSONAL CARE HOME RATED BED CAPACITY AND NET M.H.S.C. PAYMENTS BY HEALTH REGION, 1981/82 AND 1982/83.

PERSONAL CARE HOME NAME	RATED BED CAPACITY AS AT MARCH 31		NET M.H.S.C. PAYMENTS	
	1981/82	1982/83	1981/82 $	1982/83 $
Central Region:				
Altona and District, Altona	25	25	365,952	425,016
Boyne Lodge, Carman	70	70	828,317	998,749
The Ebenezer Home, Altona	46	46	309,984	361,752
Foyer Notre Dame, Notre Dame de Lourdes	65	65	803,544	943,776
Holiday Retreat, Portage	25	25	247,932	280,877
Lions Prairie Manor, Portage	151	151	1,813,008	2,031,111
MacGregor P.C.H., MacGregor	-	20	-	428,340
Manoire de St. Claude Inc., St. Claude	18	18	101,168	409,341
Morris Eventide Home, Morris	26	26	172,259	206,274
Red River Valley Lodge, Emerson	20	20	355,488	387,240
Red River Valley Lodge, Morris	40	40	551,472	628,516
Salem Home, Winkler	118	118	1,367,545	1,565,865
Tabor Home, Morden	60	60	610,705	759,388
Third Crossing Manor, Gladstone	50	50	537,259	689,033
Tiger Hills Manor, Treherne	22	22	367,687	409,636
Sub-total	736	756	8,432,320	10,524,914
Eastman Region:				
Bethesda, Steinbach	60	60	739,488	853,482
Eastgate Lodge, Beausejour	60	60	821,993	969,431
Manoir St. Pierre, St. Pierre Jolys	16	16	273,036	301,699
Menno Home for the Aged, Grunthal	41	41	149,637	186,804
Rest Haven, Steinbach	66	66	496,706	648,464
St. Adolphe N. H., St. Adolphe	42	42	444,293	501,542
Shevchenko Senior Citizens Home, Vita	30	30	454,355	511,177
Villa Youville, Ste. Anne	75	75	804,042	949,156
Sub-total	390	390	4,183,550	4,921,755
Interlake Region:				
Betel Foundation, Gimli	95	95	845,277	1,027,236
Betel Foundation, Selkirk	94	94	985,989	1,199,032
Goodwin Lodge, Teulon	20	20	399,621	432,432
Lakeshore District Health System, Ashern (Opened November, 1981)	20	20	178,476	458,364
Lakeshore District Health System, Eriksdale (Opened February, 1982)	20	20	62,830	432,788
Lakeshore District Health System, Lundar (Opened November, 1982)	-	20	-	259,555
Pioneer Health Services, Arborg	40	40	671,543	711,240
Red River Place, Selkirk (Opened June, 1981)*	104	104	1,460,140	1,883,690
Rosewood Lodge, Stonewall	30	30	460,497	505,988
Tudor House, Selkirk	76	76	1,109,554	1,242,172
Sub-total	499	519	6,173,927	8,152,497
Norman Region:				
Flin Flon P. C., Flin Flon	30	30	695,928	664,464
Northern Lights Manor, Flin Flon	30	30	247,344	285,558
Pinaow-Wachi, Norway House	26	26	98,142	110,941
St. Paul's Residence, The Pas	72	72	1,176,417	1,306,591
Sub-total	158	158	2,217,831	2,367,554

TABLE VII

PERSONAL CARE HOME RATED BED CAPACITY AND NET M.H.S.C. PAYMENTS BY HEALTH REGION, 1981/82 AND 1982/83.

PERSONAL CARE HOME NAME	RATED BED CAPACITY AS AT MARCH 31 1981/82	1982/83	NET M.H.S.C. PAYMENTS 1981/82 $	1982/83 $
Parkland Region:				
Dauphin P.C.H., Dauphin	65	65	1,213,968	1,340,064
Dr. Cendrecu Memorial Home, Ste. Rose	40	40	523,104	601,752
Grandview P.C.H., Grandview	40	40	554,760	685,797
McCreary-Alonsa P.C.H., McCreary	20	20	385,622	424,607
St. Paul's Home, Dauphin	70	70	968,093	1,146,959
Roblin District P.C.H., Roblin	30	30	456,520	525,074
Swan River Valley Lodge, Swan River	53	53	309,871	340,793
Swan River Valley P.C.H., Swan River	60	60	873,452	969,361
Winnipegosis-Mossey River, Winnipegosis	20	20	292,388	474,864
Sub-total	398	398	5,577,778	6,509,271
Westman Region:				
Baldur Manor P.C.H., Baldur (Opened September 1981)	20	20	243,097	476,527
Bayside P.C.H., Killarney	30	30	463,552	564,900
Birtle P.C.H. Inc., Birtle	20	20	345,002	391,169
B.M.W. Health Facilities, Boissevain	20	20	385,815	421,726
Bren-Del-Win Lodge, Deloraine	30	30	230,209	291,364
Carberry P.C.H., Carberry	30	30	402,120	464,760
Central Park Lodge, Brandon	89	89	1,168,027	1,328,208
Cornwallis N.H., Brandon	22	22	219,711	249,143
Deloraine & District P.C.H., Deloraine	16	16	308,638	354,312
Eastview Lodge, Neepawa	125	125	1,343,353	1,544,861
Fairview Home, Brandon	264	264	2,149,243	2,448,592
Glenboro Senior Citizens Home, Glenboro	16	16	157,416	194,199
Hamiota P.C.H. Inc., Hamiota (Opened April 1982)	-	30	23,869	572,856
Hillcrest Place, Brandon	100	100	1,283,406	1,465,774
International N.H., Brandon	65	65	772,768	891,970
Lakeview Senior Citizens Home, Killarney	43	43	258,976	312,672
Melita & Area P.C.H., Melita	20	20	336,135	389,333
Minnedosa & District P.C.H., Minnedosa	50	50	773,565	883,119
Morley House, Shoal Lake	40	40	546,481	608,865
Osborne Home, Neepawa	24	24	133,786	164,043
Prairie View Lodge, Pilot Mound	30	30	207,193	254,587
Riverdale P.C.H., Rivers (Opened December 1981)	20	20	139,239	420,456
Rock Lake P.C.H., Pilot Mound	24	24	507,713	581,798
Rossburn P.C.H., Rossburn (Opened May 1982)	-	20	-	464,623
Russell & District P.C.H., Russell	40	40	556,749	630,329
Salvation Army B. Booth, Brandon	24	24	128,980	134,381
Salvation Army Eventide, Brandon	42	42	155,166	191,102
Sandy Lake Home, Sandy Lake	36	36	478,982	541,153
The Sherwood, Virden	50	50	167,742	228,173
Souris District P.C.H., Souris	34	34	556,522	634,009
Sunset Haven, Brandon	22	22	220,189	249,836
Victoria Park Lodge, Souris	24	24	149,509	205,378
Wawanesa P.C.H., Wawanesa (Opened September 1981)	20	20	254,666	450,797
Westman N.H., Virden	50	50	653,367	729,436
Westview Lodge, Boissevain	46	46	222,060	268,104
Sub-total	1,486	1,536	15,943,246	20,002,555

TABLE VII

PERSONAL CARE HOME RATED BED CAPACITY AND NET M.H.S.C. PAYMENTS BY HEALTH REGION, 1981/82 AND 1982/83.

PERSONAL CARE HOME NAME	RATED BED CAPACITY AS AT MARCH 31 1981/82	1982/83	NET M.H.S.C. PAYMENTS 1981/82 $	1982/83 $
Winnipeg Region:				
Arcadia N.H. (Closed July 1981)	-	-	75,620	-
Beacon Hill Lodge	175	175	2,448,158	2,818,857
Bethania Mennonite P.C.H.	100	100	1,546,605	1,734,994
Central Park Lodge, Poseidon Street	217	217	2,809,088	3,212,367
Central Park Lodge, Edmonton Street	277	277	3,674,866	4,182,843
Conquist N.H.	64	64	928,551	1,037,212
Convalescent Home	84	84	1,111,570	1,270,007
Donwood Manor	81	81	1,117,731	1,293,028
Foyer St. Boniface	70	70	960,443	1,049,691
Golden Door Geriatric Centre	78	78	934,722	1,072,245
Golden West Centennial Lodge	91	91	635,503	715,164
Heritage Lodge N.H.	86	86	1,215,214	1,407,748
Holiday Haven, N.H.	155	155	2,129,317	2,402,183
Holy Family N.H.	284	284	4,735,676	5,223,139
Kiwanis Centre for the Deaf	22	22	379,206	425,150
Lions Manor	135	135	735,641	811,040
Luther Home	80	80	1,061,335	1,211,244
Manitoba Oddfellows Home	57	57	261,361	316,273
Maples P.C.H. Limited (Opened July 1981)	200	200	2,115,034	3,595,499
Mayfair N.H. (Closed July 1981)	-	-	81,597	-
Meadowood Manor	90	90	1,196,135	1,346,053
Metro Kiwanis Courts	47	47	154,900	161,771
The Middlechurch Home	212	212	2,568,501	3,048,778
Nightingale N.H.	20	20	215,356	255,980
Oakview Place	244	244	3,289,961	3,705,944
Oddfellows & Rebekahs P.C.H. Inc. (Opened November 1981)	90	90	580,296	1,451,174
Park Manor P.C.H.	100	100	1,345,009	1,579,953
St. James P.C. Centre (Closed January 1982)	-	-	399,366	-
St. Joseph's Residence	100	100	1,608,495	1,805,138
St. Norbert N.H.	91	91	1,318,784	1,514,097
The Sharon N.H.	208	208	2,374,066	2,777,231
Tache Nursing Centre	320	320	6,052,128	6,744,936
Tuxedo Villa N.H.	213	213	2,662,783	3,125,043
Vista Park Lodge (Opened September 1981)	100	100	880,658	1,731,869
West Park Manor	150	150	1,906,325	2,232,169
Winnipeg Presbytery Society of Winnipeg	130	130	1,334,528	1,550,309
Sub-total	4,371	4,371	56,844,529	66,809,109
TOTAL ALL PERSONAL CARE HOMES	8,038	8,128	99,373,181[1]	119,287,655[1]

[1] The difference between net M.H.S.C. payments and Personal Care Home expenditures per Table II represents year end accruals and sundry adjustments.

*Effective June 1981, rated bed capacity for Red River Place increased from 72 to 104 beds.

TABLE VIIIA

NUMBER OF HEALTH PRACTITIONERS AND POPULATION PER PRACTITIONER, BY HEALTH REGION 1982/83

HEALTH REGION	POPULATION [1]	PRACTITIONERS WHO RECEIVED PAYMENT IN EXCESS OF $20,000.					
		PHYSICIANS		CHIROPRACTORS		OPTOMETRISTS	
		NUMBER	POPULATION PER PRACTITIONER	NUMBER	POPULATION PER PRACTITIONER	NUMBER	POPULATION PER PRACTITIONER
Central	92,196	49	1,882	8	11,525	6	15,366
Eastman	76,644	42	1,825	4	19,161	2	38,322
Interlake	68,547	38	1,804	4	17,137	2	34,274
Norman	76,664	51	1,503	2	38,332	2	38,332
Parkland	50,705	29	1,748	3	16,902	3	16,902
Westman	120,289	129	932	7	17,184	11	10,935
Winnipeg	601,064	962	625	46	13,067	40	15,027
Manitoba	1,086,109	1,300	835	74	14,677	67	16,211

[1] M.H.S.C. Registered Population as of December 1, 1982, preliminary estimate.

TABLE VIIIB

NUMBER OF HEALTH PRACTITIONERS AND POPULATION PER PRACTITIONER, BY HEALTH REGION 1982/83.

HEALTH REGION	POPULATION[1]	PRACTITIONERS WHO RECEIVED PAYMENT IN EXCESS OF $30,000.					
		PHYSICIANS		CHIROPRACTORS		OPTOMETRISTS	
		NUMBER	POPULATION PER PRACTITIONER	NUMBER	POPULATION PER PRACTITIONER	NUMBER	POPULATION PER PRACTITIONER
Central	92,196	46	2,004	6	15,366	6	15,366
Eastman	76,644	38	2,017	4	19,161	2	38,322
Interlake	68,547	34	2,016	4	17,137	2	34,274
Norman	76,664	46	1,667	2	38,332	1	76,664
Parkland	50,705	28	1,841	3	16,902	3	16,902
Westman	120,289	123	978	7	17,184	10	12,029
Winnipeg	601,064	894	672	46	13,067	36	16,696
Manitoba	1,086,109	1,209	898	72	15,085	60	18,102

[1] M.H.S.C. registered population as of December 1, 1982, preliminary estimate.

FIGURE 6

MEDICAL SERVICES PER CAPITA COST BY REGION 1981/82 AND 1982/83

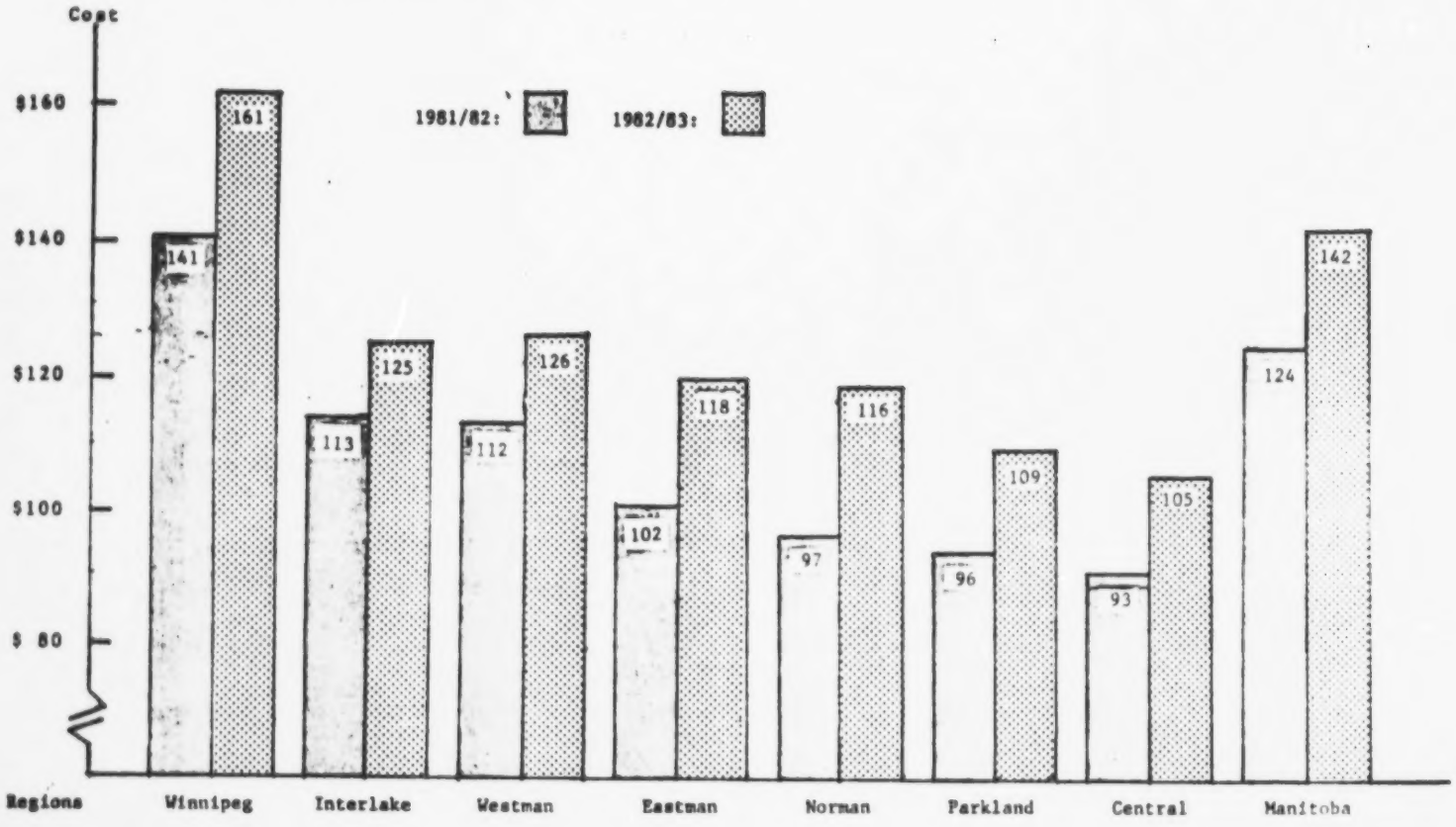


TABLE IX

MEDICAL SERVICES AND COST BY DIAGNOSTIC CATEGORY, 1982/83

DIAGNOSTIC CATEGORIES[1]	NUMBER OF SERVICES	COSTS ($000's)	PERCENT DISTRIBUTION SERVICES	COSTS
Infectious and Parasitic Diseases	244,699	2,590	2.1	1.7
Neoplasms	316,570	5,696	2.7	3.7
Endocrine, Metabolic Diseases	436,164	4,366	3.7	2.8
Diseases of Blood and Blood Forming Organs	133,833	1,284	1.1	0.8
Mental Disorders	866,718	10,209	7.4	6.6
Diseases of the Nervous System and Sense Organs	797,987	12,319	6.8	8.0
Diseases of the Circulatory System	1,098,191	14,177	9.3	9.2
Diseases of the Respiratory System	1,176,741	14,332	10.0	9.4
Diseases of the Digestive System	524,951	10,816	4.5	7.0
Diseases of the Genitourinary System	808,208	11,696	6.9	7.6
Pregnancy, Childbirth, Puerperium	117,118	5,927	1.0	3.9
Diseases of the Skin and Subcutaneous Tissue	483,811	5,915	4.1	3.8
Diseases of the Musculoskeletal System	699,849	9,319	5.9	6.1
Congenital Anomalies	36,909	1,037	0.3	0.7
Conditions Originating in the Perinatal Period	27,636	385	0.2	0.3
Symptoms, Signs, Ill-Defined Conditions	898,523	11,232	7.6	7.3
Injury and Poisoning	739,073	11,137	6.3	7.2
Factors Influencing Health Status[2]	1,730,770	16,264	14.7	10.7
Without Diagnosis	630,924	4,984	5.4	3.2
TOTAL[3]	11,768,675	153,685	100.0	100.0

[1] I.C.D.-9 C.M.

[2] Factors Influencing Health Status and Contact with Health Services. Includes general medical examinations and special investigations.

[3] Excludes Out-of-Province Medical as well as all Optometric, Oral, Dental and Chiropractic Services and costs.

FIGURE 7

MEDICAL SERVICES PER CAPITA COST BY SELECT AGE GROUPS AND SEX, 1982/83

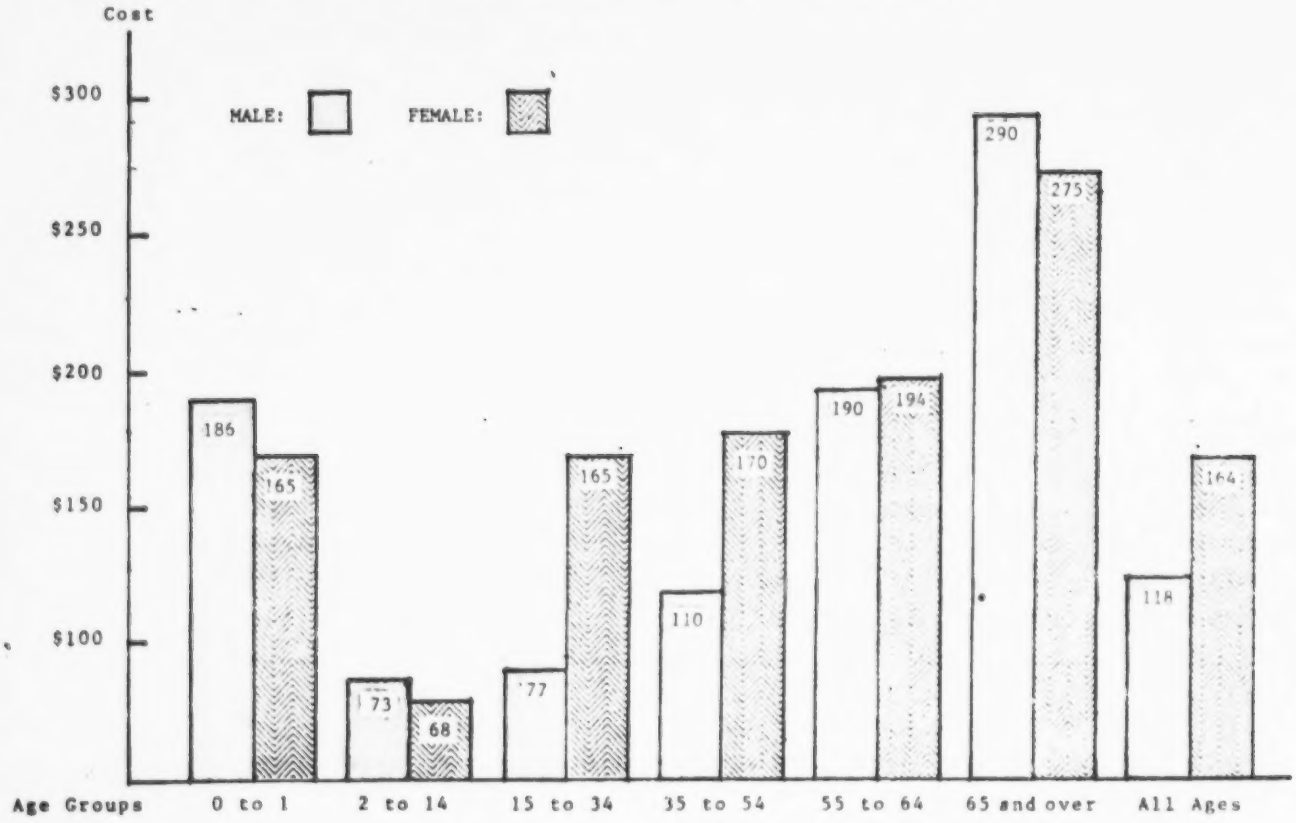


TABLE X

AVERAGE HEALTH SERVICES COST PER PATIENT
BY TYPE OF PRACTICE, 1978/79 - 1982/83

Type of Practice	1978/79 $	1979/80[1] $	1980/81 $	1981/82 $	1982/83 $
Internal Medicine	48.92	52.63	54.44	50.36	54.59
Internal Medicine - Neurology	-	54.61	56.28	61.34	67.01
Paediatrics	27.00	30.08	34.45	41.29	47.57
Psychiatry	154.66	171.67	204.75	254.60	280.77
Surgery - General	64.99	71.00	80.82	95.05	107.71
- Thoracic & Cardiovascular	232.80	247.04	263.07	300.88	370.03
- Plastic	93.20	95.47	103.27	119.51	135.33
- Urological	87.24	91.57	97.84	119.53	126.54
- Orthopaedic	56.05	61.39	66.93	78.47	85.48
- Neurological	106.72	110.55	123.07	146.62	170.79
Ophthalmology	26.87	29.78	33.12	41.35	48.05
Otorhinolaryngology	41.21	45.08	44.70	53.00	59.48
Dermatology	24.06	26.46	31.43	37.42	42.25
Radiology	11.61	12.46	13.17	16.21	18.83
Pathology	18.98	21.30	23.36	29.37	32.60
Obstetrics and Gynaecology	51.35	57.03	61.54	73.33	83.42
Anaesthesia	49.51	56.94	62.52	77.62	86.81
General Practice:					
- Urban	29.74	32.67	35.94	41.94	47.51
- Rural	33.34	36.82	40.85	46.93	51.29
Physical Medicine	69.83	70.39	81.32	93.00	101.52
Oral, Dental, Periodontal Surgery	139.64	147.75	173.96	185.17	206.04
Optometric	14.47	14.35	17.40	18.85	22.23
Chiropractic	32.49	35.60[2]	37.05	38.30	43.96

[1]The 1979/80 data are not completely comparable to the data for other years because in 1979/80 payments to Physicians were accelerated by approximately two weeks through a change in claims processing procedures.

[2]Includes retroactive payment made in March 1981.

TABLE XI

MEDICAL UTILIZATION BY TYPE OF SERVICE, 1981/82 AND 1982/83

TYPE OF SERVICE	1981/82		1982/83	
	COST $	PERCENT DISTRIBUTION	COST $	PERCENT DISTRIBUTION
Office Visits	55,916,768	42.0	64,112,828	41.7
Laboratory	14,688,894	11.0	16,666,210	10.8
Major Surgery	13,228,182	9.9	14,893,912	9.7
Other Diagnostic/Therapeutic Services	10,212,790	7.7	12,459,233	8.1
Consultations	8,755,243	6.6	10,477,135	6.8
Hospital Visits	7,670,058	5.8	8,939,272	5.8
Diagnostic Radiology	6,064,196	4.5	7,093,318	4.6
Anaesthesia	4,558,335	3.4	5,211,731	3.4
Obstetric Services	4,319,371	3.2	4,764,780	3.1
Special Visits	3,672,192	2.8	4,552,460	3.0
Minor Surgery	1,770,520	1.3	1,965,591	1.3
Surgical Assistance	1,637,785	1.2	1,790,535	1.2
Miscellaneous Services	869,828	0.6	758,481	0.5
TOTAL[1]	133,364,162	100.0	153,685,486	100.0

[1] Excludes Out-of-Province Medical as well as all Optometric, Oral, Dental and Chiropractic services and costs.

TABLE XIIA

AVERAGE AND MEDIAN PAYMENTS ($20,000 GROSS) TO PHYSICIANS BY SPECIALTY OF PRACTICE. AMOUNTS REPRESENT GROSS PAYMENTS FROM M.H.S.C. FROM WHICH THE PHYSICIAN MUST PAY OVERHEAD COSTS, 1981/82 AND 1982/83.

TYPE OF PRACTICE	NUMBER OF PHYSICIANS 1981/82	1982/83	AVERAGE PAYMENT[1] 1981/82 $	1982/83 $	MEDIAN PAYMENT[1] 1981/82 $	1982/83 $
Internal Medicine	122	129	89,490	102,180	77,960	85,140
Internal Medicine - Neurology	10	12	103,400	116,470	75,890	85,380
Paediatrics	58	64	99,830	107,600	107,760	114,210
Psychiatry	77	77	90,300	99,960	89,320	102,060
Surgery: General	74	71	109,510	124,480	111,320	127,670
Thoracic & Cardiovascular	10	11	170,270	187,370	186,540	184,360
Plastic	7	8	168,600	174,190	154,860	156,500
Urological	18	17	134,920	152,840	127,710	141,680
Orthopaedic	30	31	118,300	128,720	125,640	143,960
Neurological	4	5	91,530	88,230	95,260	107,550
Ophthalmology	28	28	121,420	140,250	101,450	115,000
Otorhinolaryngology	22	21	123,130	138,890	136,410	150,940
Dermatology	10	10	135,670	151,040	130,680	141,610
Radiology	39	39	119,540	142,100	*	*
Pathology	12	11	**	**	**	**
Obstetrics & Gynaecology	54	57	120,140	127,020	123,120	123,740
Anaesthesia	49	59	89,460	89,690	*	*
General Practice: Urban[2]	369	387	80,190	88,930	79,020	85,670
Rural	242	259	93,790	101,090	92,160	97,760
Physical Medicine	5	5	69,980	72,040	73,560	76,770
ALL PHYSICIANS	1,240	1,300	95,860	105,330	91,550	100,568

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

[1](a) Includes payments issued directly to health practitioners, as well as payment to patients where the health practitioner has "opted-out" of the Plan. The Average Payments exclude remuneration from the University of Manitoba to geographic full-time clinical teaching staff. For Radiology the average payment represents professional services only and includes salary and contract payments made through hospitals, representing 63.4% of professional income in 1982/83. The average payment for Physical Medicine, Anaesthesia, and Psychiatry also includes payments made by hospitals. For health practitioners, (except Radiology, Physical Medicine, Psychiatry, and Anaesthesia) all other sources of income from hospital contracts uninsured services, non-residents and Worker's Compensation, etc. are excluded. Payments made for laboratory services to registered facilities are also excluded, as it is not possible to separate the technical and professional components.

(b) Average payment reflects a 10.53% overall effective increase in the schedule of fees during 1982/83.

[2]General Practitioners in Brandon are included in G.P. Urban.

*Median not calculated because some hospital payments are allocated in bloc and not to the individual.

**Average and median are not calculated because it is not possible to segregate the technical and professional components.

TABLE XIIB

AVERAGE AND MEDIAN PAYMENTS ($30,000 GROSS) TO PHYSICIANS BY SPECIALTY OF PRACTICE. AMOUNTS REPRESENT GROSS PAYMENTS FROM M.H.S.C. FROM WHICH THE PHYSICIAN MUST PAY OVERHEAD COSTS, 1981/82 AND 1982/83.

TYPE OF PRACTICE	NUMBER OF PHYSICIANS 1981/82	1982/83	AVERAGE PAYMENT[1] 1981/82 $	1982/83 $	MEDIAN PAYMENT[1] 1981/82 $	1982/83 $
Internal Medicine	109	117	97,790	110,070	88,750	92,260
Internal Medicine - Neurology	10	12	103,400	116,470	75,890	85,380
Paediatrics	54	57	105,510	117,920	108,550	121,030
Psychiatry	73	75	93,780	101,980	90,380	107,460
Surgery: General	69	67	115,620	130,340	118,630	132,820
Thoracic & Cardiovascular	10	11	170,270	187,370	186,540	184,360
Plastic	7	8	168,600	174,190	154,860	156,500
Urological	18	17	134,920	152,840	127,710	141,680
Orthopaedic	29	28	121,460	139,990	126,310	147,530
Neurological	4	4	91,530	104,780	95,260	115,280
Ophthalmology	28	27	121,420	144,350	101,450	115,790
Otorhinolaryngology	21	20	127,900	144,810	138,680	157,110
Dermatology	10	10	135,670	151,040	130,680	141,610
Radiology	39	39	119,540	142,100	*	*
Pathology	12	11	**	**	**	**
Obstetrics & Gynaecology	53	53	121,920	134,580	124,000	124,420
Anaesthesia	48	57	90,700	91,950	*	*
General Practice: Urban[2]	329	354	86,900	94,840	83,530	90,800
Rural	224	238	99,370	107,490	96,680	102,140
Physical Medicine	4	4	82,140	83,880	75,400	78,440
ALL PHYSICIANS	1,151	1,209	101,410	111,420	95,950	105,625

NOTE: Specialty of Practice is according to M.H.S.C. records as at March 31 each year.

[1](a) Includes payments issued directly to health practitioners, as well as payment to patients where the health practitioner has "opted-out" of the Plan. The Average Payment exclude remuneration from the University of Manitoba to geographic full-time clinical teaching staff. For Radiology the average payment represents professional services only and includes salary and contract payments made through hospitals, representing 63.4% of professional income in 1982/83. The average payment for Physical Medicine, Anaesthesia and, Psychiatry also includes payments made by hospitals. For health practitioners (except Radiology, Physical Medicine, Anaesthesia, and Psychiatry) all other sources of income from hospital contracts uninsured services, non-residents and Worker's Compensation, etc. are excluded. Payments made for laboratory services to registered facilities are also excluded, as it is not possible to separate the technical and professional components.

(b) Average payment reflects a 10.53% overall effective increase in the schedule of fees during 1982/83.

[2]General Practitioners in Brandon are included in G.P. Urban.

*Median not calculated because some hospital payments are allocated in bloc and not to the individual.

**Average and median are not calculated because it is not possible to segregate the technical and professional components.

TABLE XIII A

AVERAGE AND MEDIAN PAYMENTS (OVER $20,000) FOR DENTAL AND ORAL SURGERY, OPTOMETRIC AND CHIROPRACTIC. AMOUNTS REPRESENT PAYMENT FROM M.H.S.C. FROM WHICH THE PRACTITIONER MUST PAY OVERHEAD COSTS.

TYPE OF PRACTICE	NUMBER OF PRACTITIONERS 1981/82	1982/83	AVERAGE PAYMENT 1981/82 $	1982/83[1] $	MEDIAN PAYMENT 1981/82 $	1982/83[1] $
Dental and Oral Surgery	8	11	98,190	98,720	109,560	73,630
Optometric	63	67	43,610	52,900	39,110	46,300
Chiropractic	68	74	67,440	74,900	68,660	79,320

[1] Average and Median payments reflect effective increases of 8.0% to Dental and Oral Surgery, 17.58% to Optometric and 10.53% to Chiropractic, in their schedule of fees on April 1, 1982.

TABLE XIII B

AVERAGE AND MEDIAN PAYMENTS (OVER $30,000) FOR DENTAL AND ORAL SURGERY, OPTOMETRIC AND CHIROPRACTIC. AMOUNTS REPRESENT PAYMENT FROM M.H.S.C. FROM WHICH THE PRACTITIONER MUST PAY OVERHEAD COSTS.

TYPE OF PRACTICE	NUMBER OF PRACTITIONERS 1981/82	1982/83	AVERAGE PAYMENT 1981/82 $	1982/83[1] $	MEDIAN PAYMENT 1981/82 $	1982/83[1] $
Dental and Oral Surgery	8	10	98,190	106,510	109,560	107,140
Optometric	48	60	49,170	56,050	43,010	49,070
Chiropractic	63	72	70,660	76,240	70,340	80,340

[1] Average and Median payments reflect effective increases of 8.0% to Dental and Oral Surgery, 17.58% to Optometric and 10.53% to Chiropractic, in their schedule of fees on April 1, 1982.

TABLE XIV

MEDICAL, ORAL AND DENTAL SURGERY, OPTOMETRIC AND CHIROPRACTIC SERVICES AND COSTS, 1981/82 AND 1982/83

TYPE OF PRACTICE	NUMBER OF SERVICES 1981/82	1982/83	PAYMENTS MADE DURING 1981/82 $	1982/83 $
Internal Medicine	816,960	871,669	11,330,469	13,531,888
Internal Medicine - Neurology	38,706	47,438	997,989	1,379,885
Paediatrics	526,012	545,267	6,022,554	7,063,509
Psychiatry	446,669	436,764	5,671,234	6,280,230
Surgery - General	309,519	301,104	8,199,476	9,037,065
- Thoracic and Cardiovascular	19,984	18,458	1,704,181	1,975,364
- Plastic	24,124	28,513	1,071,627	1,393,549
- Urological	66,231	68,109	2,437,854	2,621,132
- Orthopaedic	124,505	119,082	3,590,254	4,004,820
- Neurological	8,155	8,139	366,119	418,264
Ophthalmology	121,821	134,147	3,136,354	3,957,999
Otorhinolaryngology	125,719	125,631	2,712,793	2,921,819
Dermatology	112,163	121,687	1,356,704	1,510,411
Radiology (includes both technical and professional components of fee)	583,354	601,087	6,356,475	7,454,154
Pathology	2,450,555	2,681,785	13,351,878	15,268,469
Obstetrics and Gynaecology	289,194	277,217	6,526,029	7,264,241
Anaesthesia	60,232	61,925	3,319,460	3,786,638
General Practice - Urban[1]	2,840,565	2,972,731	30,833,574	35,763,813
- Rural	2,221,035	2,307,363	24,093,894	27,754,132
Physical Medicine	42,991	40,564	285,244	298,104
Sub-total In-Province Medical Services	11,228,494	11,768,680	133,364,162	153,685,486
Out-of-Province Doctors	123,826	117,411	2,077,650	2,154,109
Out-of-Province Agreement	10,320	11,125	117,896	133,824
Total Medical Services	11,362,640	11,897,216	135,559,708	155,973,419
Oral and Dental Surgery	13,647	16,009	900,110	1,160,636
Optometry	161,529	173,904	2,896,358	3,625,938
Optometry Out-of-Province Agreement	177	126	3,252	2,715
Chiropractic	554,853	613,544	4,649,216	5,659,061
Chiropractic Out-of-Province Agreement	1,935	2,369	15,954	21,797
Total Other Health Services	732,141	805,952	8,464,890	10,470,147
TOTAL ALL SERVICES[2]	12,094,781	12,703,168	144,024,598[2]	166,443,566[2]

[1] General Practice Urban includes Brandon and Winnipeg.

[2] Figures include $1,073,249 for 1981/82 and $1,366,233 for 1982/83 which represents the value of services submitted by salaried physicians.

FINANCIAL SUMMARY OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 1983

HOSPITAL COSTS

The Commission provides for all reasonable costs incurred by Manitoba hospitals in providing insured services to Manitoba residents. There are 102 hospitals in Manitoba that receive payments from the Commission, 21 are federal hospitals, 18 of which are northern nursing stations, and 81 are public general hospitals. Budget submissions from the public general hospitals are reviewed each year and rates of payment to all hospitals are established by regulation of the Commission. Total expenditures for hospitals for the year ended March 31, 1983 amounted to $487,985,000. These expenditures, together with comparable figures for the previous year, are summarized as follows:

	1983	1982
	(thousands of dollars)	
Public General Hospitals	$462,859	$396,378
Federal Hospitals	7,424	7,045
Contract Facilities and Red Cross Blood Transfusion Services	8,579	7,573
Hospitals Outside the Province	9,123	7,663
	$487,985	$418,659

During the year ended March 31, 1983 the average daily in-patient cost in a public general hospital in Manitoba was $251.25 compared to $214.55 for the previous year, an increase of 17.1%.

The increase for public general hospitals approximates $66.5 million. Of this increase, $55.6 million is due to increased salary and supply costs, $10.9 million for new facility or program operating costs.

MEDICAL AND OTHER HEALTH SERVICES COSTS

Medical costs incurred by residents of Manitoba are financed by the Commission in accordance with rates set out in the M.H.S.C. Schedule of Benefits or on the basis of special arrangements approved by the Commission. Costs of chiropractic and optometric services, dental and oral surgery, limb prosthetic devices and certain limb and spinal orthotic devices are covered as established in regulations under The Health Services Insurance Act.

A summary of expenditures for medical and other health services for the year ended March 31, 1983, together with comparable figures for the previous year, is as follows:

	1983	1982
	(thousands of dollars)	
Medical Services	$157,653	$137,989
Dental and Oral Surgery	1,161	900
Salary and Other Payment to Physicians	7,836	6,142
Total Medical Services	$166,650	$145,031
Optometric Services	$ 3,721	$ 2,946
Chiropractic Services	5,809	4,702
Prosthetic and Orthotic Devices	2,213	1,303
Total Other Health Services	$ 11,743	$ 8,951
Total Medical and Other Health Services	$178,393	$153,982

PERSONAL CARE HOME PROGRAM

The Commission provides for reasonable costs incurred by Manitoba personal care homes in providing insured personal care services to Manitoba residents. The program includes the supplying of prescription drugs as a benefit to insured residents in the personal care homes. Insured residents were required to pay an average residential charge of $11.78 per day during the year ending March 31, 1983; residential charges during the year were as follows:

April 1, 1982	--	$11.35
July 1, 1982	--	$11.65
November 1, 1982	--	$12.00
February 1, 1983	--	$12.35

As at March 31, 1983 there were 8,128 beds included in the program (5,663 non-proprietary beds and 2,465 proprietary beds).

A summary of expenditures of the personal care home program for the year ended March 31, 1983 together with comparable figures for the previous year is as follows:

	1983	1982
	(thousands of dollars)	
Resident Services	$115,889	$ 96,632
Drug Costs	3,822	3,130
Adult Day Care	300	196
	$120,011	$ 99,958

Program costs increased by $20.0 million. Of this increase, $17.8 million is due to increased salary and supply costs, and $6.4 million represents costs of facilities opened during the year ended March 31, 1983. These increased costs were offset in part by a $4.2 million increase in residential charges during the year.

PHARMACARE

Costs of the universal pharmacare program for the year ended March 31, 1983 amounted to $17,249,000; compared with $13,611,000 in the previous year. The Manitoba Health Services Commission reimburses resident claimants for 80% of the cost of eligible prescription drugs in excess of $75.00 for residents under age 65 and in excess of $50.00 for residents age 65 and over.

AMBULANCE PROGRAM

Under this program, grants are made available for approved programs for capital costs of vehicles and communication equipment, for subsidizing operating costs, and for training programs.

The grants are made to municipalities on a per capita basis. In addition to the per capita grant, the Commission provides funds for the training of ambulance personnel. Total cost of the ambulance program for the year ended March 31, 1983 was $1,981,000 compared with $1,468,000 in the previous year.

NORTHERN PATIENT TRANSPORTATION PROGRAM

The purpose of this program is to finance (a) transportation costs for emergencies and urgent hospital-to-hospital transfers and (b) transportation costs for certain elective cases. These services are available to residents of Manitoba who are northern patients and require transportation for medical reasons from or within the following areas:

- North of the 53rd parallel from the Saskatchewan boundary to Lake Winnipeg and
- North of the 51st parallel from Lake Winnipeg to the Ontario boundary.

Costs of this program for the year ended March 31, 1983 amounted to $2,204,000 compared with $1,879,000 for the previous year.

ADMINISTRATIVE EXPENSES

Administrative expenses of the Commission amounted to $11,762,000 for the year ended March 31, 1983, or 1.4% of the total expenditures, compared with $10,135,000 and 1.5% for the previous year.

REVENUE

For the year ended March 31, 1983, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund.

As in the previous year, federal contributions, pursuant to the provisions of The Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977, were not received by the Commission but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The total of all revenues of the Commission for the year ended March 31, 1983 is $820,574,000. A summary of this revenue together with comparable figures for the previous year is as follows:

	1983	1982
	(thousands of dollars)	
Grants from the Government of Manitoba	$817,922	$698,309
Third Party Recoveries	2,630	2,033
Miscellaneous Income	22	6
	$820,574	$700,348

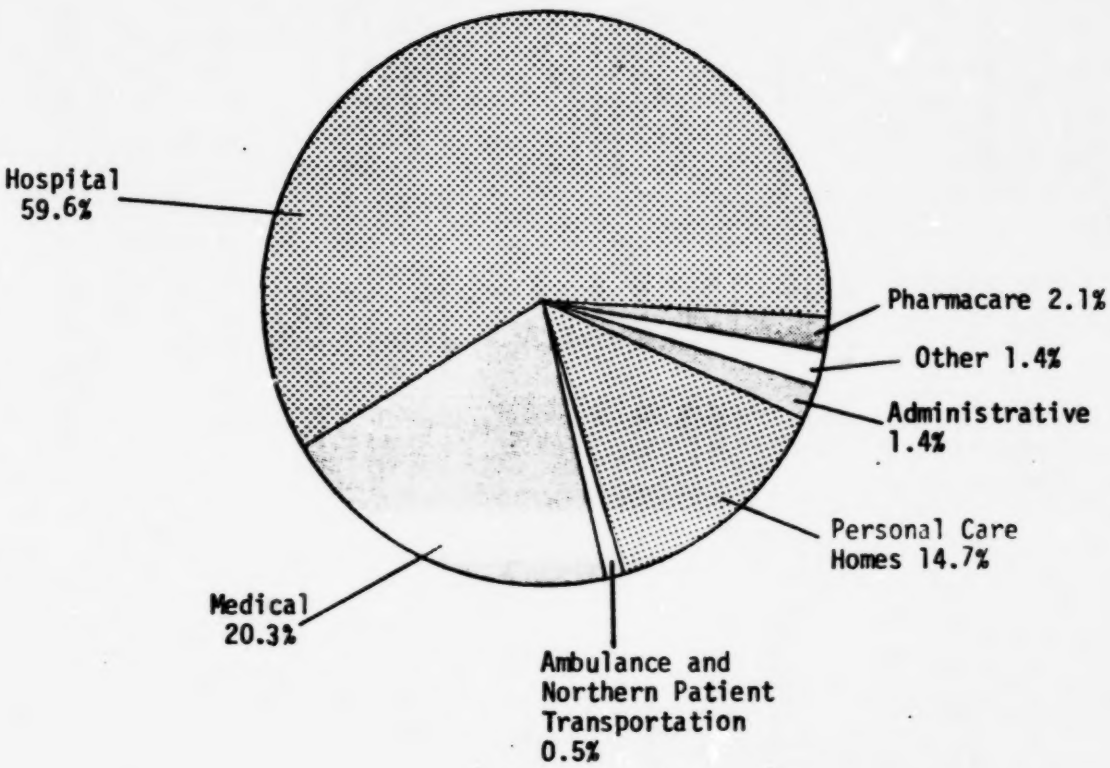
WORKING CAPITAL

The financial operations of the Commission resulted in an excess of revenue over expenditure of $989,000 which, together with other adjustments, resulted in a closing working capital account of $943,000 as follows:

	(thousands of dollars)
Balance, April 1, 1982	$ 549
Add, Excess of Revenue over Expenditure	989
	$ 1,538
Less, Adjustment of Accounts Receivable from the Government of Canada to reflect the most current information available	(595)
Balance, March 31, 1983	$ 943

Following is a chart showing the Manitoba Health Services Commission's expenditures for the year ending March 31, 1983.

EXPENDITURE



MANITOBA

PROVINCE OF MANITOBA
PROVINCIAL AUDITOR

MANITOBA HEALTH SERVICES COMMISSION

REPORT OF THE PROVINCIAL AUDITOR'S OFFICE

We have examined the financial statements, being Statements A, B, C and Schedule 1, of the Manitoba Health Services Commission for the fiscal year ended March 31, 1983. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Manitoba Health Services Commission as at March 31, 1983 and the results of its operations for the year then ended in accordance with the accounting policies stated in Note 1 to the financial statements applied on a basis consistent with that of the preceding year.

W. K. Ziprick, C.A.,
Provincial Auditor.

June 27, 1983,
Winnipeg, Manitoba.

STATEMENT A

MANITOBA HEALTH SERVICES COMMISSION

BALANCE SHEET

As at March 31, 1983

(With 1982 Figures for Comparison)

ASSETS

	1983	1982
	(thousands of dollars)	
Cash on hand and in bank	$ 4,878	$ 2,605
Funds on deposit, Government of the Province of Manitoba	37,697	28,000
Accounts receivable:		
Government of Canada:		
Hospital and personal care home services	-	1,834
Government of the Province of Manitoba	49	42
Other Provinces and Territories	3,141	3,197
Other	239	97
	3,429	5,170
Land, buildings, furniture and equipment at nominal value of one dollar (Note 1)	-	-
	46,004	35,775
Funds held in trust re debenture trust agreements: (Note 2)		
Funds in bank	11,161	3,845
Funds on deposit, Government of the Province of Manitoba	1,925	1,426
	13,086	5,271
	$ 59,090	$ 41,046

LIABILITIES

	1983	1982
	(thousands of dollars)	
Accounts payable and accrued charges:		
Hospital and personal care home services:		
Liability for unreported claims	$ 2,546	$ 2,270
Estimated adjustment payments under section 87(2) of The Health Services Insurance Act and other costs, net	16,183	11,501
	18,729	13,771
Medical services claims payable	20,334	16,094
Pharmacare claims payable	3,856	3,355
Ambulance grants payable	252	254
Northern patient transportation claims payable	123	85
Other health services claims payable	1,460	1,172
General	307	495
	45,061	35,226
Working capital account, Statement C	943	549
	46,004	35,775
Funds held in trust re debenture trust agreements	13,086	5,271
	$ 59,090	$ 41,046

The accompanying notes on pages 100 to 104 are an integral part of the financial statements.

STATEMENT B

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF REVENUE AND EXPENDITURE

FOR THE YEAR ENDED MARCH 31, 1983

(With 1982 Figures for Comparison)

	1983	1982
	(thousands of dollars)	
Revenue:		
Grants:		
Government of the Province of Manitoba	$817,922	$698,309
Third party recoveries (Note 1)	2,630	2,033
Miscellaneous income	22	6
Total revenue	$820,574	$700,348
Expenditure:		
Hospital services:		
Hospitals within the Province	$478,862	$410,996
Hospitals outside the Province	9,123	7,663
	487,985	418,659
Medical services	166,650	145,031
Personal care home services	120,011	99,958
Pharmacare	17,249	13,611
Ambulance program	1,981	1,468
Northern patient transportation program	2,204	1,879
Other health services (Note 3)	11,743	8,951
Administrative expenses, Schedule 1	11,762	10,135
Total expenditure	$819,585	$699,692
Excess of revenue over expenditure, Statement C	$ 989	$ 656

The accompanying notes on pages 100 to 104 are an integral part of the financial statements.

STATEMENT C

MANITOBA HEALTH SERVICES COMMISSION

STATEMENT OF WORKING CAPITAL ACCOUNT

FOR THE YEAR ENDED MARCH 31, 1983

(With 1982 Figures for Comparison)

		1983	1982
		(thousands of dollars)	
Balance, beginning of period		$ 549	$ 377
Add:	Excess of revenue over expenditure, Statement B	989	656
		1,538	1,033
Deduct:	Adjustment of accounts receivable from the Government of Canada to reflect the most current information available	595	212
	Transfer to the Rehabilitation Centre for Children	-	272
		595	484
Balance, end of period, Statement A		$ 943	$ 549

The accompanying notes on pages 100 to 104 are an integral part of the financial statements.

MANITOBA HEALTH SERVICES COMMISSION

SCHEDULE I

SCHEDULE OF ADMINISTRATIVE EXPENSES

FOR THE YEAR ENDED MARCH 31, 1983

(With 1982 Figures for Comparison)

	1983	1982
	(thousands of dollars)	
Salaries and employee benefits	$ 8,876	$ 7,629
Professional services	508	513
Office equipment	467	442
Stationery and office supplies	460	435
Postage, express and delivery	373	273
Pension payments on behalf of employees (Note 1)	152	153
Grant in lieu of realty taxes	148	133
Maintenance of land, building and office equipment	121	116
Telephone	117	106
Health and post-secondary education tax levy	105	-
Travel	84	76
Bank charges	79	76
Heat, light, power and water	76	79
Building renovations	71	3
Publicity	65	30
Commissioners' remuneration	40	50
Miscellaneous	20	21
Total administrative expenses, Statement B	$ 11,762	$ 10,135

The accompanying notes on pages 100 to 104 are an integral part of the financial statements.

MANITOBA HEALTH SERVICES COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 1983

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

(a) The financial statements have been prepared on an accrual basis of accounting except for the following:

(i) PENSION

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Commission contributes 50% of the pension disbursements made to retired employees. Such payments are charged to expense as incurred and a provision is not made in the accounts to fund current or past service obligations of the Commission to the Civil Service Superannuation Fund. On the basis of an actuarial report, the unfunded provision for the Commission's employees amounted to $7,469,000 as at December 31, 1982 ($6,396,000 as at December 31, 1981).

(ii) THIRD PARTY RECOVERIES -

Third party recoveries are recorded on a cash basis.

(iii) INVENTORIES

The Commission does not record the value of supplies on hand as an asset. This cost is charged to operating expenditures as incurred.

(iv) LAND, BUILDINGS, FURNITURE AND EQUIPMENT
The cost of land, buildings, furniture and equipment is recorded as an operating expenditure as incurred. As at March 31, 1983, the Commission owns the following fixed assets:

1. Administration building, land, furniture and equipment.
2. Buildings and land occupied by the Rehabilitation Centre for Children Inc.
3. Land for the future development of the Manitoba Adolescent Psychiatric Facility.
4. Diagnostic equipment located in the provincial laboratory and x-ray units throughout the Province.

In addition to the foregoing, on April 1, 1983 the Commission acquired the land, buildings and equipment of the Deer Lodge Hospital from the Government of Canada for the sum of $1.00.

(b) RESTATEMENT OF FIGURES
Where figures for the current fiscal year have been presented in a format different from that of the previous year, the figures for the previous year have been restated in order to preserve comparability.

NOTE 2. CAPITAL FINANCING

Hospitals and personal care homes have obtained financing for capital construction by issuing debentures, or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority, which was established in 1972, approves the issue of all securities to finance these capital expenditures and assists in obtaining an orderly market for the sale of the securities.

Funds for servicing approved capital debt incurred for the construction and acquisition of facilities for the provision of insured services are included in the Commission's expenditure. For the year ended March 31, 1983 the costs related to interest and principal repayment included in the expenditures for hospital and personal care home services shown on Statement B amounted to $33,517,000.

In accordance with arrangements with the hospitals and personal care homes, the Commission either holds in trust or disburses to the Province and other trustees, out of funds payable by it to these facilities, sufficient moneys to meet the interest and principal payment and sinking fund provisions for debentures.

At March 31, 1983 the amount of $13,086,000 shown on the balance sheet was being held by the Commission to meet future obligations for:

	(thousands of dollars)
Principal and interest payments to the debenture Trustees payable in the next fiscal year	$ 10,729
Sinking funds for the retirement of debentures	2,357
	$ 13,086
Sinking funds for the retirement of debentures held by another Trustee at March 31, 1983	$ 1,887

As at March 31, 1983 the approved outstanding capital debt of hospitals and personal care homes was:

	(thousands of dollars)	
Canadian Dollars		
Debentures:		
Hospitals	$146,175	
Less: accumulated sinking funds	4,244	
	141,931	
Personal care homes	10,700	
	$152,631	
Mortgages:		
Personal care homes	$ 51,316	(1)
Other:		
Hospitals	$ 13,682	
Personal care homes	3,978	
	$ 17,660	
	$221,607	
United States Dollars		
Debentures:		
Hospitals	$ 12,675	

(1) Includes $14,012,000 National Housing Act mortgages which are subsidized by the Canada Mortgage and Housing Corporation.

In addition to the approved outstanding debt, lines of credit up to $36,830,000 have been approved to finance capital projects currently in process. On completion of these projects, the borrowings will be converted to long-term debt.

NOTE 3. OTHER HEALTH SERVICES

This group of expenditures includes:

	1983	1982
	(thousands of dollars)	
Optometric	$ 3,721	$ 2,946
Chiropractic	5,809	4,702
Prosthetic and Orthotic	2,213	1,303
	$ 11,743	$ 8,951